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Evidence-Informed Advocacy: Non-Profit Organizations Use of Evidence for Policy Influence in Public Health - A Case Study of Wash Org Uganda

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Graduate Program in Health Information Science
A thesis submitted in partial fulfillment of the requirements for the degree in Master of Health Information Science
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EVIDENCE-INFORMED ADVOCACY: NON-PROFIT ORGANIZATIONS USE OF
EVIDENCE FOR POLICY INFLUENCE IN PUBLIC HEALTH- A CASE STUDY OF
WASHORG UGANDA.

Thesis format: Monograph

by

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Graduate Program in Health Sciences and Information and Media Studies

A thesis submitted in partial fulfillment of the requirements for the degree of
Master of Information Science

The School of Graduate and Postdoctoral Studies

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Abstract

Nonprofit organizations play a crucial role in lobbying governments for policy changes in addition to engaging in direct service delivery. Improved utilization of research and other evidence in health policy and practice will help save lives and improve quality of life for individuals. This case study of WashOrg International in East Africa was informed by two major questions 1) how is evidence on water, sanitation and hygiene being used by non-profit organizations to shape policy advocacy activities? 2) What kinds of internal capacity exist in WashOrg International to use water, sanitation and hygiene evidence to inform policy advocacy? Data were collected through semi-structured interviews, during which participants also answered a survey about their department's ability to access, assess, adopt and apply research findings. The framework generated from this study describes the evidence-oriented enablers and strategies used to influence policy. These evidence-oriented enablers include a) participatory knowledge generation; b) a bottom-up approach to knowledge generation and use; c) relinquishing power over evidence; and d) building insider relations with policy makers. The results suggested that these strategies can inform and improve the practice of non-profit organizations, researchers and other practitioners.

Keywords: Policy advocacy, Evidence, Non-profit organizations, Public health, East Africa

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Chapter 1

1 INTRODUCTION

1.1 Background

There is global consensus that the achievement of health-related millennium development goals (MDGs), both at the national and local health levels cannot be achieved without the use of research knowledge for health policy making and practice, both at clinical and organizational levels (Toure, 2008) . The mandate to use research knowledge was best signified at the Bamako global ministerial forum at which policy makers from around the world called for action on research for health at both local and international levels (The World Health Organization [WHO], 2008). WHO emphasised that “research and innovation have been and will be highly essential to find solutions to health problems, address predictable and unpredictable threats to human security, alleviate poverty and accelerate development” (WHO, 2008, p.1).

This global call for action on research notwithstanding, the urgent need for evidence-informed policy making and practice in health has, over the years, been intensified by several other factors. These other factors include the increasing need for equity in health care, the growing health care demands exacerbated by changing disease patterns and demographics, the increasing costs of healthcare that obligate efficient and effective spending, coupled with increased demands for accountability and transparency over public sector fund spending (Kothari, Mclean & Edwards, 2009; Lavis, Davies, Oxman, Denis, Golden-Biddle, & Ferlie, 2005; Lomas, 1997; Oxman, Lavis, Lewin & Fretheim, 2009).

Defined as “*a course of action or inaction chosen by public authorities to address a given problem or interrelated set of problem*” (Pal, 2010, p. 2), policy is required to address health problems and enhance efficient resource allocation (Fafard, 2008; Pal, 2010). Enacting new policies or changing a policy is usually a long and intricate process

with many factors influencing the process at the various stages of problem recognition, implementation and evaluation (Dukeshire and Thurlow, 2002; Fafard, 2008; Pal, 2010).

Policy advocacy is a prominent feature of non-profit organization (NPOs) activities through which the needs and concerns of represented groups, usually to promote political, social and economic justice, are voiced by such organizations (Almog-Bar and Schmid, 2013). Kimberlin (2010) broadly defines non-profit organizations as “organizations registered as charitable organizations, tax exempted social welfare organizations (including lobbying organizations, unions, professional and trade groups), or political organizations usually focused on influencing elections as well as small community based organizations” (p.165).

In order to impact policy in a sustainable manner, organizational actors need to understand and effectively deal with the various complexities in the policy making process (Dukeshire and Thurlow, 2002). Being as knowledgeable as possible about the key issues of a policy gives organizations power to counteract challenges, answer emerging questions from policy makers and other stakeholders and increases the probability of organizations positively impacting policy. Dukeshire and Thurlow (2002) and Caford (2009) for example, assert that using research is one way through which organizations and individuals can acquire knowledge to propose viable, relevant policy options and recommendations. Against this background it is clear that *evidence* in its various forms- is an indispensable and obligatory component of any policy making process.

In this study, evidence is defined broadly as a “*combination of objective, subjective and contextualised knowledge*” (Field et al., 2012, p. 338) whereby research evidence is complemented by other forms of knowledge such as tacit knowledge, expert knowledge, routine monitoring data, stakeholder consultation information, the political undercurrents affecting the process at the time as well as economic implications (Bowen and Zwi, 2005; Field, Gauld & Lawrence, 2012; Nutley, Walter & Davies, 2007). Inasmuch as the evidence itself is important, Dukeshire and Thurlow (2002) argue, as do other scholars, that the collection and presentation of this evidence is equally important as it can have a

large impact on the success of influencing the policy making process (Field et al., 2012; Lavis, Robertson, Woodside, McLeod & Abelson, 2003).

This realisation coupled with the finding that providing only evidence from research may not be enough for optimal health care and public health interventions has propelled the current interest in knowledge translation (Straus, Tetroe & Graham, 2009). The Canadian Institutes of Health Research (2009) define knowledge translation as *“the exchange, synthesis and ethically-sound application of knowledge- within a complex system of interactions between researchers and users- to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system”* (More about Knowledge Translation, para.1).

This suggests that the presentation of evidence ought to be mostly done through dialogue, a process, rather than through one-off delivery of ‘evidence’ products such as newsletters.

Organizations engaged in advocacy can enhance the policy process through the use of evidence to engage policy makers on issues of interest. This not only harnesses participation of all actors but also provides policy makers with the opportunity to gauge the authenticity of evidence presented to determine any misuse of research by those engaged in lobbying and advocacy (Oxman, Vandvik, Lavis, Fretheim & Lewin, 2009). Many NPOs especially those in the social services sector, engage in some form of advocacy be it grassroots advocacy for change of action at the community level or advocacy directed towards policy makers at national or international levels. Indeed scholars concur that advocacy is one of the important roles played by NPOs through which they represent the viewpoints of minorities and disempowered groups by monitoring and pushing for change in their various sectors (Boris and Krehely, 2002; Kimberlin, 2010; Salamon, 2002).

This advocacy role extends into the public health sector particularly in the water, sanitation and hygiene (WASH) promotion area. For the past two decades, many local, national, and international resources have been invested in service delivery initiatives by non-profit organizations through subsidizing and supplying communities with physical water and sanitation infrastructure. Despite these interventions, the sustainability of water

and sanitation infrastructure has remained poor and access to safe water and sanitation remain low. WHO and the United Nations International Children's Education Fund (UNICEF) in their most recent joint report estimate that over 2.5 billion people are still without improved access to sanitation while 780 million people have no access to improved water supplies (WHO-UNICEF, 2010).

The lack of significant progress over the years has propelled focus on new innovative service delivery models and emphasis on favourable institutional and policy frameworks as prerequisites to sustainable WASH access. This shift further came with the realisation that improved WASH included not only physical systems and facilities but first and foremost policies, legal, and management frameworks. As a result, non-profit organizations promoting WASH were encouraged to compel policy makers to enact relevant policies and allocate financial resources towards WASH improvement in Uganda (Barungi, Kasaija, Obote & Negussie, 2003).

Uganda is a small landlocked country in East Africa which is ranked 161 out 187 with a life expectancy at birth of 54.1 years, a population growth rate of 3.3% and under-five mortality rates remain high at 128 per 1,000 live births (UNDP, 2011). Whereas the Ministry of Health acknowledges that 75% of the disease burden in Uganda is preventable through improved water, hygiene and sanitation, among other interventions, diarrhea remains one of the top five causes of infant mortality causing 10% of deaths.

While Uganda met the MDG target of halving the proportion of people without access to safe water, this progress masked great disparities between villages, parishes, sub-counties and districts as over 50% of the districts have water coverage below the national average of 65% (Ministry of Water and Environment, 2014). Uganda missed her national sanitation target of 77% coverage on safe sanitation as there was stagnation on safe water and sanitation coverage for the last two to three years at 65% [Ministry of Water and Environment, 2011]. With competing national priorities, the water and sanitation sub-sector's share of the national budget has declined over the last 6 years from 4.9% of the national budget in 2004/05 to 2.2% in 2009/10 (Ministry of Water and Environment, 2012). Non-profit organizations have played a significant role in complementing

government efforts and advocating for government's increased role in the delivery of safe water and sanitation. Against this background, this study examined how evidence was used by WashOrg to engage in advocacy and lobbying processes in Uganda, East Africa. WashOrg is an international non-profit organization that has operated exclusively as a water and sanitation advocacy organization for over 30 years. WashOrg has a local presence in over 27 countries world-wide (WashOrg, 2009), including Uganda.

1.2 Research Objectives

The core objectives of this research are two-fold:

- 1) To understand how evidence on water, sanitation and hygiene is being used by non-profit organizations to shape policy advocacy activities.
- 2) To examine what kinds of internal capacity exists in non-profit organizations to use water, sanitation and hygiene evidence to inform policy advocacy.

1.3 Research questions

- i) How does WashOrg define evidence used to influence their policy advocacy activities?
- ii) What types of evidence are being used by WashOrg inform policy advocacy activities?
- iii) How successful are WashOrg's attempts to use evidence to inform policy advocacy activities?
- iv) What capacity exists in WashOrg to use evidence to inform policy advocacy activities?

1.4 Problem Statement

Carden (2009) reveals that research evidence is usually limited in developing countries often owing to a lack of think tanks, independent media, institutes, and research and advocacy organizations to act as knowledge brokers that connect research to policy

issues. Carden (2009) however notes that applied and practical evidence from monitoring and evaluation of programs are usually available. In a more recent study, Field et al (2012) adds that although evidence on preventable disease burden and efficient and effective interventions are now increasingly becoming available, it is not consistently used in policy decision making processes, for example by governments to guide preventative over curative health funding priorities. Carden (2009) further argues that even where individual or organizational advocates exist, many do not actually use hard data or other evidence as a foundation for policy advocacy for besides a 'shortage of statistical and other hard data to draw reliable conclusions' (p.16), there is a lack of capacity to synthesise available research. These challenges exist despite the consensus that evidence-informed decision making should be an indispensable part of every health system practice and policy making process, including public health (Dobbins, Robeson, Ciliska, Hanna, Cameron, O'Mara... Mercer, 2009; Graham et al., 2006). This research sought to understand how evidence is used to inform policy advocacy activities and to examine the existing internal capacity to use this evidence at WashOrg.

1.5 Relevance of the Research

The public health situation in many developing countries has reached crisis level with over 14 million people dying each year from infectious and preventable diseases (Mercurio, 2007). It is estimated that globally, diarrhoea kills 4000 children everyday making it the second leading cause of death, especially among children under five (Black, Morris & Bryce, 2003) and this is largely attributed to poor water, sanitation and hygiene causes (Pruss-Ustun, Bartram, Clasen, Colford, Cumming, Curtis....& Craincross, 2013). There is evidence that WASH interventions can reduce the global disease burden (in disability adjusted life years) by almost 10% and global mortality by a third (Pruss-Ustun et al., 2013). WHO (2013) is consistently emphasising the need for improved monitoring and research in the WASH sector as crucial to building an evidence base to inform policy.

Foster (1996) further adds that with sufficient evidence, a sound theoretical and practical understanding of the gaps between available and required water, sanitation and hygiene

services and needs can be gained and used to guide the design and implementation of effective practical and policy interventions. Field et al (2012) observes that organizations and individuals can play a crucial role in building evidence and enhancing evidence-informed policy processes through their advocacy program activities. Moreover given the current need for efficient and sustainable WASH interventions in developing countries, and the frontline roles of non-profit organizations in enhancing evidence-informed policy processes, it is imperative to examine how such organizations systematically use evidence in shaping their advocacy activities. This research will add to the body of knowledge on the practical application and use of evidence for advocacy in the WASH sector and guide WashOrg to strengthen their institutional capacity to engage in policy advocacy.

Chapter 2

2 Literature review

2.1 Introduction

This chapter discusses literature relating to the use of evidence for policy advocacy by non-profit organizations. The chapter is divided into two sub-sections. The first section of this review will discuss policy advocacy by nonprofit organizations (NPOs) while the second section will focus on the use of evidence for policy decision making in public health. Along with reviewing previous literature to reveal what has already been done on the subject, this chapter will reveal gaps and contradictions in the literature that led to the research questions of interest in this thesis. PubMed, Medline Ovid and Social Sciences Index were searched using a combination of MESH terms: Health services research/organization and administration, Humans, Advocacy, Organizations, Non-profit, Public Health, Public policy and Inter-institutional relations. The search was open to studies from all countries written in English.

Google Scholar was further searched for peer reviewed journal articles while the Google engine was searched for grey literature from public health and international development online resources. The search terms and combinations used to identify literature for Google searches were ‘use of research and policy making’ and ‘research use and policy advocacy for organizations’. In addition, hand searching through references of relevant articles identified further literature.

2.2 Policy Advocacy by Non-Profit Organizations (NPOs).

Advocacy has been defined as the multitude of collective or group and individual actions and expressions for a just cause, idea or policy creation and change (Reid, 2000). Almog-Bar and Schmid (2013) emphasize the shift of the meaning of advocacy beyond individual and minority assistance and protection to include the need to change policies and influence government through public participation. In their paper on linking theory and practice of policy advocacy organizations, Gen and Wright (2013) highlight the

challenge of deciding on a single definition of the term ‘policy advocacy’ because a wide range of activities and strategies are usually leveraged through a multitude of processes before policy influence takes effect. They highlight an existing gap whereby policy advocacy practice has “outpaced theory development” (p.164), an important discrepancy to note when trying to understand policy advocacy activities, roles, and the contribution of advocates to policy development processes (Gen & Wright, 2013). Understanding how WashOrg uses evidence for policy advocacy will therefore make a novel contribution to closing this gap through the development of a conceptual model, based on empirical data, to provide insight into how evidence is used in policy advocacy activities in the WASH sector.

In its various forms, policy advocacy through lobbying, agenda setting, and direct or indirect education remains an important activity for non-profit organizations (Kimberlin, 2010). Through advocacy, non-profit organizations first, represent minority viewpoints and are able to voice concerns on behalf of individuals, special disempowered interest groups and communities to decision makers and, second, monitor for policy action and changes (Andrews & Edwards, 2004; Boris & Krehely, 2002; Donaldson, 2007) Pollard and Court (2005) elaborate that non-profit organizations usually have three main objectives when promoting pro-poor policy changes: a) to inspire by creating support for an issue or action (or against an issue or action) and generating new ideas on how to frame an issue; b) to inform by sharing experiences and expertise while initiating new approaches in particular fields; c) to “improve by adding, correcting or changing policy issues, holding policy makers accountable, learning from each other, evaluating and improving NPO activities particularly regarding service provision” (p.v). This study will identify the policy advocacy objectives of WashOrg Uganda in light of the roles and activities expected of NPOs identified in the literature.

Authors further concur that policy advocacy can be carried out by both direct service organizations as a secondary objective as well as by advocacy organizations whose core mission is to engage in advocacy (Berry, 2001; Donaldson 2007; Kimberlin, 2010). Research gaps however still exist in distinguishing between the different features of the policy advocacy carried out by these two types of organizations. This area of potential

variation between the different types of advocacy was found to be understudied in the literature, especially in relation to gauging scope and the consequent implications on the capacity of particular organizations to engage in policy advocacy. Studying WashOrg will provide insight into the types of advocacy done by NPOs and the capacity underlying these policy advocacy activities.

Several factors influence the participation of non-profit organizations in policy advocacy. These range from the possible conflict of interest posed by dependency on resources from government to more extreme scenarios such as restrictions by government on non-profit organization advocacy activities for publicly-funded organizations (Chaves, 2004; Child & Gronberg, 2007; Donaldson, 2008; Schmid, Bar & Nirel, 2008). In their qualitative study that explored policy advocacy activities of four different types of nonprofit human service organizations in Israel, Schmid and colleagues (2008) found that the higher the level of dependency on local authorities or government for funding the lower the active engagement in policy advocacy activities.

In addition there is ‘perceived’ conflict between NPOs and the state or, in contrast, a ‘perceived’ partnership between the state and NPOs. In the former, the government perceives advocacy organizations as contenders and seeks to suppress their activities, while in the latter, both feel they have a relationship in which the non-profit organizations complement the mandate of the governments (Kimberlin, 2010; Salmon, 2002). Various other studies concur that funding from government propels NPOs to engage in policy advocacy by, for example, putting NPOs close to policy makers thereby building relationships, advocating for funding for critical programs or facilities, among others. (Chaves et al., 2004; Donaldson, 2007; Mosley, 2010). These contradictions indicate that political, social, and economic contexts in which NPOs operate play a critical role in enhancing or limiting the effectiveness of their policy advocacy activities. This study will therefore expose some of the political and socio-economic issues in developing country contexts that impact on policy change processes.

Pollard and Court (2005) further argue that these tensions between nonprofit organizations and governments, whether subtle or explicit, make policy advocacy a

complex process; while the diverse nature of NPOs and their activities has made tracking their influence on policy a challenging task. As a result, there has been a shift by scholars from understanding models of influence on policy advocacy based on outcomes of civil society organization categories (such as faith based organizations, community based organizations and NPOs) to process oriented models focusing on activities and strategies actually used by NPOs in policy advocacy (Pollard & Court, 2005). Aligned with the latter, process-oriented view, this study will provide insight into the processes underlying the policy advocacy activities of NPOs.

Pollard and Court (2005) further point to the need for NPOs to be as persuasive as possible and highlight the importance of tacit knowledge as an indispensable tool for negotiations in complex situations. In their study on civil society organizations and service provision, Clayton, Oakley and Taylor (2000) demonstrate NPOs as directly influencing the policy implementation process by assuming the primary responsibility as service providers contracted by governments or working autonomously (Almog-Bar & Schmid, 2013). Nonprofit organizations have impacted the policy monitoring and evaluation stage of the policy cycle by availing information such as experiential, applied research, and reports. According to Pollard & Court (2005), the ability of nonprofit organizations to influence policy depends much on their ability to “gather and use evidence to make a sound assessment of policy and whether they can use evidence to demonstrate their legitimacy in doing this” (p.20). Using WashOrg as a case example, this study will examine the NPO’s capacity to effectively use evidence and tacit knowledge to influence policy change.

Macdonald (2007), Fisher (1997) and Lewis (1998) all conclude that nonprofit organizations’ influence on policy is dependent on the different levels at which they operate (e.g., locally, nationally and internationally), and that in turn defines the strategies and consequent outcomes on policy processes. Grass root organizations that have the best tacit understanding of their communities usually have limited capacity to influence policy due to capacity gaps, lack of financial independence and failure to balance grass root service delivery interests with policy advocacy process activities (Fisher, 1997). National organizations on the other hand may have more success with

synthesizing and prioritizing their interests and presenting them to suitable audiences due to better human and resource capacity, among other factors. This points to the importance of paying attention to different levels of activity to influence policy change in the current study.

Gaventa (1999) and Pollard and Court (2005) however disagree with the above distinction, arguing that organizations at local, national and international levels usually face similar challenges despite presenting differently at all levels. They urge organizations at the different levels to instead draw lessons from each other and leverage each other's strengths to influence policy. Aligned with the above argument, it is important to further study how NPOs work with other organizations at different levels in gathering and synthesizing tacit, experiential and research evidence for policy advocacy.

Whereas a plethora of literature on policy advocacy exists, the role of NPOs in policy advocacy remains largely understudied especially in linking of theory and practice (Gen & Wright, 2013; Pollard & Court, 2005). Gaps remain in understanding the activities and processes of policy change, how effective NPOs as policy advocates are, how evidence was used by nonprofit organizations engaged in these policy advocacy processes, what capacities existed in nonprofit organizations to support these processes, and how these capacities were leveraged to influence policy processes. This study will contribute to filling some of the aforementioned gaps.

2.3 Evidence for Policy Advocacy in Public Health

The transfer of research evidence into action remains sub-optimal and consequently still a major concern in various sectors including health care practice and policy making (Milat, King, Bauman & Redman, 2012). Yet use of the best available evidence in practice and health policy has the potential to counteract the challenges faced in global health care systems by improving access to quality health care and reducing the risk of adverse events (Lavis et al., 2003). Further, the current reality that complex policy decisions cannot rely solely on best available scientific evidence but must be combined with contextual information about where the decision has to be implemented has led to more

focus on effective knowledge transfer (KT) processes, with an objective of informing policy and program decisions (Fafard, 2008).

While many studies have been conducted to understand knowledge transfer processes at the clinical care level (Grimshaw and Eccles, 2004; Grol and Grimshaw, 2003; Lang, Wyer and Hynes, 2007; Seers, Cox, Crichton, Edwards, Eldh, Estabrooks...& Wallin, 2012) less has been done to understand KT processes within organizations (Dobbins et al, 2009; Lavis et al., 2003), particularly NPOs. Literature on the specific roles and activities of non-profit organizations, particularly how they use evidence for policy advocacy, is scarce despite the unprecedented growth and crucial role of nonprofit organizations in providing health care, education, and other services to an estimated 15-20% of the world's poorest people (Fowler, 2000; Pollard & Court, 2005). Pollard and Court (2005) further emphasize that while there has been a lot of literature on civil society organizations (CSOs), which can include non-profit organizations, there is 'remarkably little systematic work on the role and use of evidence as CSOs attempt to influence the policy process' (p.v). This study will therefore contribute to literature in the area of NPOs and policy advocacy.

Gagnon (2012) explored the use of health knowledge by NPOs focusing on their policy influencing processes in population health. This one year study was a partnership between the National Collaborating Center for Healthy Public Policy, a Canadian organization, and five nonprofit organizations sought to provide support to the latter in their efforts to influence public policy and to document and analyze their policy influencing practices. Through reflections by the NPOs and thematic discussions between the partners, the study revealed that most organizations used health knowledge inconsistently to guide their decisions; they mostly used knowledge that characterized the health of a population in relation or not to social, economic, political or environmental determinants of health and in defining their problems and justifying solutions. This study concluded that most NFPs did use health knowledge at times in decision making and influencing policy.

Other studies on the use of evidence for policy advocacy in public health are related to the control of communicable diseases such as those caused by tobacco. In their qualitative study of documents submitted by tobacco control interest groups to parliamentary committees in Canada, Hastie and Kothari (2009) found that although there was use of scientific evidence in supporting their positions, the use of reliable and established witnesses such as medical experts was lacking. In their case study, Silva et al (2013) analyzed the successful trend of tobacco control in Brazil over the last 20 years by highlighting processes that can be used to inform policies that counteract other non-communicable diseases. They particularly highlight how partnerships across health related sector groups can work to influence public policy by using evidence from previous successful initiatives such as that of tobacco control. It is imperative to note that despite the above studies done at a macro international development level and in differing contexts, there remains a gap on how policy advocacy by non-profit organizations in contexts of developing worlds. This is particularly true for those engaged in public health policy advocacy and this study will add to the existing literature in context of the developing world.

Brownson, Colditz and Proctor (2012) note that it would be ideal for research and other evidence to be incorporated into public health decisions regarding the selection and implementation of programs, development of policies and in the evaluation of progress. In agreement with other authors, Brownson et al (2012) further note that in actual practice, many public health interventions are based on short term objectives which lack systematic planning and reference to the best available evidence (Kohatsu, Robinson & Toner, 2004). There is, however, consensus that defining evidence in the context of public health for an organization or community requires an examination of the internal systems, values, objectives, and cultures together with the research evidence (Field et al., 2012, Pollard and Court, 2005, Nutley, Walter & Davies, 2003;).

Literature is also clear that there are varying contexts within which organizations operate and that organizations use different strategies to transfer evidence to practice such as knowledge brokers (KBs) or integrated knowledge translation and exchange (IKTE) processes, all commonly classified as KT efforts involving dialogue (Lomas, 2007;

Kothari, Birch, & Charles, 2005; Kothari & Wathen, 2013). Literature however does not adequately detail the various internal or external strategies that organizations, such as health advocacy organizations, use in transferring evidence to influence advocacy efforts. Understanding how advocacy organizations use research and other evidence to shape advocacy decisions, as is one of the objectives of this study, will help identify potential interventions that might strengthen these efforts within organizations and ultimately support robust public health policies.

Missing from the literature as well is a distinct definition of evidence as many scholars in the evidence informed policy field agree that the relationship between evidence and policy decision making is a complex subject of study and debate (Field et al., 2012; Lavis, Lomas, Hamid & Sewankambo, 2006). Consequently, two major questions emerge: 'what counts as evidence' and 'how is evidence is used' (Field et al., 2012, p.338) are central to this discussion (Nutley, Powell & Davies, 2013). For this study, I adopted the broad and context-dependent definition of evidence as a 'combination of objective, subjective and contextualized knowledge' (Field et al., 2012, p.338) wherein formal research evidence is complemented by other forms of knowledge in the form of tacit expert knowledge, routine monitoring data, stakeholder consultation information, the political undercurrents affecting the process at the time as well as economic implications (Bowen & Zwi, 2005; Field et al., 2012; Nutley et al., 2007). This is important because it provides a comprehensive understanding of the types of evidence possibly used by NPOs.

Estabrooks (1999) identifies research utilization as a form of knowledge utilization, where research utilization leads to instrumental, conceptual, and symbolic use. Amara, Ouimet & Landry (2004) or as re-described by Estabrooks (1999), direct, indirect and persuasive uses of research respectively. Instrumental or direct utilization involves a tangible application of the research, e.g., where it is converted into learning materials such as guidelines and protocols and used to guide decisions for specific interventions or policies. Conceptual or indirect utilization involves research used to alter an individual's thinking about particular topics but not necessarily used explicitly in decision making to implement actions. Symbolic or persuasive utilization on the other hand involves the use of research as a persuasive instrument, usually in a political setting, to advocate for the

legitimacy of a stance or practice. It is informative to understand the relationship between the type of evidence and type of research use for policy advocacy for utmost organizational effectiveness in influencing policy (Amara et al., 2004). A broad conceptualization of knowledge utilization will be taken in this thesis research.

Existing literature reveals barriers to the use of research in policy making. These include political issues where a policy is enacted out of 'ideological commitment and symbolic significance' (Walt, 1994, p.3), scientific uncertainty and the discredibility of evidence characterized by disagreement between researchers or advocacy coalitions, poor timing and communication, among others (Fafard, 2008; Lavis, Posada, Haines & Osei, 2004; Walt, 1994). Other barriers to the use of research in policy making include under resourced and constrained health systems such as those in developing countries for which Lavis et al., (2004) argue that the best way to bring about change in health is to commission specific research for priority issues. This strategy can yield regional evidence that can in turn be assessed for local applicability. It is not clear from the literature how, and if, NPOs like WashOrg engaged in advocacy take into account the potential barriers to research use by policy makers when prioritizing advocacy decisions. In summary, this review of the literature has pointed to gaps with respect to use of evidence for policy advocacy in public health. There is still need to understand how nonprofit organizations engaged in policy advocacy use evidence for their activities as well insight into the processes that underlie their policy advocacy activities. Whereas there was a plethora of literature on policy advocacy and knowledge translation in the developed world, less studies were found for the developing world. More so, most of the existing literature found for the developing world was undertaken or synthesized by developed world scholars and researchers. Although it is challenging to transfer literature across two different contexts, the literature from the developed world was seen as useful to inform specific aspects of this case study that was set in the developing world.

Chapter 3

3 Methods

3.1 Design

The study was conducted using a descriptive case study design (Yin, 2003; Stake, 2000) and guided by constructivist grounded theory data analysis methods (Charmaz, 2006). The main goal was to contribute to the development of a conceptual model to understand how evidence is used in non-profit organizational advocacy activity and the organizational capacities that are needed to support this process. On the theory development continuum, this is an inceptive study seeking to propose tentative answers to questions that are novel to the WASH sector and therefore only suggesting connections among phenomena (Edmondson & McManus, 2007).

According to Yin (2003), a descriptive case study is used to describe a phenomenon or an intervention and the real-life context in which it occurred. This study utilized a single case, with one whole organization as the unit of analysis. Flyvbjerg (2006) explains that while a detailed examination of a single case may not be generalizable, it remains useful in the preliminary stages of any study area since it provides insights, clues and/or hypotheses which can be tested or researched further with additional cases. In addition, Higginbottom, Pillay and Boadu (2013) argue that qualitative research typically adopts non-probability sampling techniques and that generalizability is not the main goal, but rather rich descriptions of specific social contexts.

A case study design therefore enabled an in-depth exploration of the decision making processes with attention to the larger context in which WashOrg works (Yin, 2003). The case study design fit very well with my research questions that examined how advocacy decisions were made in a context open to internal, external and individual influence in tandem with Yin (2009). Besides arguing that case study research is suitable when there is no boundary clarity between the issue of investigation and context, Yin (2009) adds that the case study design is suitable when seeking to understand processes. This is

consistent with my study that sought to understand processes of a phenomenon that is context-dependent and complex.

While a number of authors writing about the grounded theory approach place particular emphasis on elaborate and well established data analysis methods to generate theory, they do not specify the data collection methods (Charmaz, 2006; Strauss and Corbin, 1998). This flexibility allowed the combination of a case study design with constructivist grounded theory data analysis methods. In addition, grounded theory approaches are suitable for studies that seek to understand processes of how things happen by focusing on social interaction processes (Charmaz, 2006; Holloway and Todres, 2003), which was the core focus of my study. Furthermore, the case study design and grounded theory data analysis approaches are methodologically congruent as both can be placed into a constructivist paradigm, in which I embedded my study.

The case study design therefore guided data collection, while the grounded theory approach (Charmaz, 2006) informed the data analysis processes to develop a provisional conceptual model to understand how evidence is used in advocacy activity and illustrate the organizational capacities that support this process in WashOrg.

3.2. Paradigmatic considerations.

The decision to undertake this qualitative study from a constructivist paradigm perspective was largely based on my relativist ontological and subjectivist epistemological viewpoints that truths and realities are multiple, local and contextually constructed. My prior working experience in the water and sanitation sector in a similar international organizational context rendered pre-conceptions such that I viewed decision making in organizations to be a complex and context-specific phenomenon with differing views for people in varying roles within an organization. I agree with Mills, Bonner and Francis (2006) that it was impossible to separate myself as the researcher from the participants throughout the research process.

I therefore aimed to gather the diverse and multiple views of how research used in decision making for advocacy occurred by listening openly to participants' views, and

encouraging an interaction that enabled us co-construct the data (Charmaz, 2006, Lincoln and Guba, 2000; Stake, 1995). In addition, I took a subjectivist stance, agreeing with Charmaz (2006) that as researchers, we co-construct 'our grounded theories through our past and present involvements and interactions with people, perspectives and the research practices' (p.10). To allow for more equal power sharing I let participants to choose the time and place for their interviews and I shared the interview transcripts for their review and input. Out of the all the five participants that received their transcripts only one got back to me by the proposed deadline. This participant agreed with the content and added nothing further to the discussion.

I actively brought my own experiences and views when constructing the interpretations from the data that was gathered. This stance also demanded that I was reflective, reflexive, and transparent in the research process by articulating my assumptions, opinions and experiences (Guillemin and Gilliam, 2004; Mason, 2010; Morrow, 2005). I therefore kept written field notes of my thoughts and pre-conceptions during data gathering and noted memos during analysis. This process fit well with the constructivist paradigm because from this stance, I was able to elicit the diverse viewpoints and understand how the participants formed their shared meanings around the same phenomenon within the context of the organization as my unit of analysis. My final findings were therefore indicative of a shared organizational reality.

3.3 Sample and Sampling method

Purposive convenience sampling was used to identify WashOrg as a suitable case to provide the best opportunity to learn about my research questions. Consistent with Flyvberg (2006), the information oriented selection method, which enables a researcher to maximally utilize information from small samples and single cases based on expectations about their information content, was applied. WashOrg as an institution was adopted as a holistic single unit for the study.

The choice of WashOrg was partly influenced by my personal prior knowledge of WashOrg as a leading water and sanitation advocacy non-profit organization and I was keen on understanding how research was used in their advocacy work. Thus, I expected a

rich yield of information from this organization, consistent with Flyvberg's (2006) information-based selection method.

WashOrg is a reputable international WASH organization operating exclusively as a water and sanitation advocacy organization for over 30 years. It has a local presence in over 27 countries world-wide (WashOrg, 2009), implying that their advocacy efforts were mature and provided a reasonable and stable case. In Uganda, WashOrg championed various successful advocacy campaigns that resulted in the government making incremental changes to improve WASH in the country, further justifying WashOrg as a suitable case to examine (Ministry of Water and Environment report, 2012; WashOrg, 2011). The units of data collection were purposively determined as pertinent to my research questions (Yin, 2009). A total of five WashOrg program staff willing to participate in the study were included for the organizational self-assessment tool and interviews. As mentioned previously, the individual interviews were used to compose an understanding at the level of the case (i.e., the organization).

3.4 Data sources and Procedures

The study utilized both primary and secondary data sources. Primary data were collected in two ways. First, primary data were collected using the self-assessment tool 'Is Research Working for You', developed by the Canadian Health Services Research Foundation (Kothari et al., 2009) and second, by conducting five in-depth interviews with staff in key positions in the organization. The 'Is Research Working for You' tool was developed to enable organizations to understand their capacity to acquire, assess, adapt and use evidence. I worked with this number of respondents flexibly to allow for increase or reduction depending on the point at which data did not provide additional or different insights from those already collected from the targeted participants (Mason, 2010).

The self-assessment tool (see Appendix B) allowed for the collection of perspectives on the organizational capacity to use research to inform decision making for advocacy. The tool enabled four general domains of assessment: 1) can the organization 'acquire' the research findings it needs; 2) can the organization 'assess' research findings for adoption or use; 3) can the organization 'adapt' the findings and present the research to decision makers in a useful way; and 4) whether the organization can 'apply' the findings, that is,

if the organization had the skills, structures, processes and culture to promote use of research findings in decision making. Each domain was then broken down into subsections that ask how well an organization performed specific tasks, and each item was measured using a five-point Likert scale with the anchors: 1 = Don't do, 2 = Do poorly, 3 = Do inconsistently, 4 = Do with some consistency, and 5 = Do well.

This self-assessment tool was previously validated, through an examination of response variability, as a means to elicit variable responses within and between organizations, as easy and simple to use, and as having the ability to catalyze discussions within organizations on their use of evidence for decision making (Kothari et al., 2009).

Although further psychometric testing has not been done on the tool, it has been used by multiple researchers in similar research contexts. Among previously published studies that have used the tool was one that sought to examine evidence use within NPO contexts in Canada. Wilson, Rourke, Lavis, Bacon and Travers (2011) assessed the capacity of NPOs in the Ontario HIV/AIDs sector to acquire, assess, adapt and apply research evidence in their work. Another study by McGregor, Kothari, LeMoine and Labelle (2013) adapted the tool's questions to assess the research use capacity of NPOs in Ontario concerned with youth violence prevention. While the tool was applied in those developed contexts which is different from the study context, these previous studies demonstrate the tools' applicability for organizations working at the community level.

For my study, the self-assessment tool was adapted for the current research setting in East Africa and pilot tested with three participants from another NGO in the region engaged in similar work and context to ensure the language was relevant and clear. (See Appendix B for the adapted Tool).

The second method of primary data collection was through semi-structured interviews. The purpose of the interviews was to understand, in depth, the use of evidence in advocacy at WashOrg Uganda. The interview guide was tested in the pilot study described with the same participants who completed the 'Is Research Working for You' tool. Questions in the interview guide covered the following topic areas in-depth: the organization's definition of evidence, sources of evidence, how evidence is used in their

policy advocacy activities and the organization's internal capacity to acquire, assess, adapt and apply this evidence (See Appendix A for Interview Guide). The case for this study was therefore WashOrg. WashOrg's documents over 5 years (2008-2012, see Appendix C) were reviewed to situate the data that was collected from interviews hence painting a temporally-informed picture of the context.

Data were collected through multiple methods to enhance credibility through triangulation. Creswell and Clark (2007) suggest that triangulation is the merging of data from various sources such as qualitative and quantitative studies to better understand a research problem. In this study data from the document review and semi structured interviews were analyzed and used to generate a greater understanding of responses from the organizational self-assessment tool. I applied the organizational self-assessment tool (described later) to gain a further understanding of the current organizational context with respect to evidence use; it also served as a benchmark that WashOrg could later use to measure internal organizational improvements with regard to using evidence to make lobbying and advocacy decisions. Secondary data, including reports, documentation, and organizational policies over a five year time period, were obtained to allow for an understanding of the context in which decision making was being made and how various factors influenced the advocacy decision making processes. The list of pertinent documents was drawn from discussions with participants during interviews and through accessing and reviewing the organizational website. This list was sent to a manager who made the documents electronically available to me. An overview of data collection and sources is provided in Table 1.

Table 1: Data Collection and Sources

Method of data collection	Source of Data	Length and quantity of data
Is research working for you Organizational Self-Assessment Tool?	Five Program staff	The completed questionnaires
In-depth interviews	Five Program staff	Av. 45mins x 5 interview sessions -5 transcripts [64 pages]
Annual reports	Organization level [2008- 2012]	5 Annual reports -[Approx. 120 pages]
Activity/ research reports	Organization Level [2008- 2012]	2 Activity reports, 1 research report [Approx. 100 pages]
Reflexive notes and Memos	Done by researcher	Reflexive notes and memos

3.5 Data Management and Analysis

The responses to the self-assessment tool - completed during the interview process - were entered into a Microsoft excel spreadsheet. Responses were analyzed to determine the percentage frequency of shared and varying responses among the four domains of acquire, assess, adapt and apply; individual responses were aggregated to represent an organizational response. In-depth interviews were digitally recorded and professionally transcribed. Transcripts were cleaned, de-identified, and stored in Nvivo qualitative software. At the data familiarization stage, I read all the transcripts and collected documents. NVivo qualitative software was used to organize the coding of transcripts. During this process a list of nodes to guide the line by line coding process was initiated and was used to develop the nodes.

Data from the in-depth interviews was analyzed using Charmaz (2006)'s five strategies of constructivist grounded theory analysis and coded using Nvivo software. These included 1) line by line coding; 2) focus coding; 3) diagramming and memo sorting; 4) Development of core categories; 5) Identification of core categories.

Line by line coding: Charmaz (2006) identifies as the initial stage of coding which helps researchers label each and every line of their data to find implicit assumptions, clarify actions and meanings, identify any gaps in the data and compare what different people said at different sessions of data collection. Using the nodes developed during the familiarization stage, line by line coding for each transcript was done. A review of the coding was done repeatedly to ensure that data were appropriately coded into the most appropriate nodes. A committee member reviewed the coding and was in agreement with the emergent codes and themes.

Focused coding: In this phase, the most frequent and substantial codes or themes developed from the line-by-line coding were used to scrutinize the remaining data. This helped to identify emerging topics, concepts and identify the main codes from the data. Memo writing was done by outlining emerging thoughts related to the data for different codes. Memo-writing enabled me to ask analytic questions thereby moving from description to conceptualizing the data. Memo writing was done throughout the data analysis stages. During data collection, field notes were also written immediately after the interview sessions to summarize main ideas emerging and any questions for follow-up with subsequent interviewees.

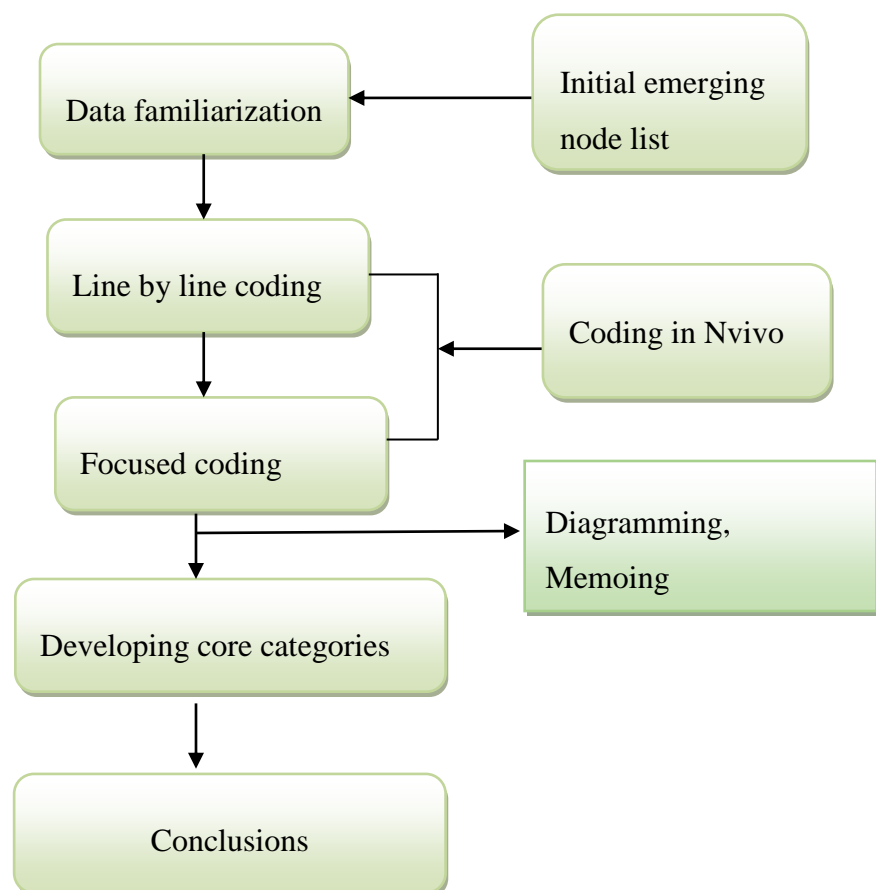
Diagramming and memo sorting: From the stages above, concepts and ideas were identified from each interview, linked together and organized by basic diagram illustrations. Draft diagramming to explain contextual issues, actions and strategies taken by WashOrg Uganda and the resultant outcomes was done over and over. Strategies, actions and any other context-dependent factors that influenced the decision making process were identified.

The development of core categories: The common elements within the data were identified at this stage to provide a general structure through analysis of all the data (See Appendix D). At this stage, I examined and clarified the emerging concepts and responded to my emerging questions and observations throughout the process.

From Charmaz's (2006) last stage of identification of core categories, I questioned the data from the key categories against the ratings from the self- assessment tool to answer the research questions and develop a provisional conceptual model.

Documents were analyzed descriptively against the relevant research questions to gather any helpful background information, e.g., understanding the history and philosophy within which the WashOrg operates. It further enabled me to draw comparisons between what the respondents said and what was documented. The case study report is therefore comprised of responses to the research questions that highlight aspects of a provisional conceptual model. Figure 1 below show the data analysis process.

Figure 1: The Analytic Process



3.6 Criteria to Establish Rigor

In order to establish rigor, two type of quality criteria were applied, that is, criteria for rigorous case study designs as well as Morrows' (2005) criteria for trustworthiness of qualitative research. In tandem with Baxter and Jack 's (2008) case study quality criteria, I wrote and re-wrote the research questions in discussion with my thesis committee to ensure they were substantiated and clearly written. I carefully considered and came to the conclusion that the case study design was appropriate for the research questions.

I further addressed quality using Morrow's (2005) cross-paradigmatic criteria for trustworthiness that included subjectivity and reflexivity, social validity, adequacy of data and adequacy of interpretation. I used subjectivity and reflexivity to manage my own perceptions, values and attitudes that developed out of my experiences working with a similar organization as the case study. I achieved this level of fairness by seeking clarification and discussing my interpretations of the data with the respondents during interviews.

Social validity is the importance attached to the research by the greater social community or end users. This research will be useful to WashOrg by enabling them to examine their use of evidence for decision making to improve their program impact. Adequacy of data was achieved by using multiple data collection methods including the 'Is Research Working for You' tool, semi-structured interviews and document review so as to obtain saturation in data collection and analysis.

Adequacy of interpretation, which refers to my ability to subjectively interpret the data obtained, was attained through rich, thick and detailed descriptions of the context in which the research took place coupled with developing an analytic framework that was consistent with the case study design. My thesis committee further provided external scrutiny to my data coding processes from the initial to focused coding and major themes development. This process permitted me to make meaning of the data.

3.7 Ethical considerations

The study was approved by Western University's Health Sciences Review Board with protocol number 104970. Establishing contact for consent to participate in the study was done directly by me through a confidential process. As per the approved research ethics protocol, the Manager of Program Effectiveness internally at WashOrg shared the recruitment email with all program staff who then got back to me directly via email. At that point I shared the letter of information with staff who expressed interest in participating in the study.

Interviews with participants who agreed to participate were held confidentially using Skype video conferencing and were recorded. The self-assessment tool was sent to the participants prior to the in-depth interviews and time was allotted after the in-depth interviews for me to administer the tool and solicit direct feedback from the participants. Names of participants were kept confidential by assigning differing codes to each participant which were then used during the write up of the results and within the transcripts.

Transcribing of the interviews was done by a neutral external transcribing professional and data were kept confidentially during the process of analysis. The only other person who had access to audio-files and transcripts was my supervisor and thesis committee members for guidance purposes during the course of the research. Participants were free to leave the study at any time. All other protocols including confidentiality in collecting, analyzing and reporting of the results were respected.

Chapter 4

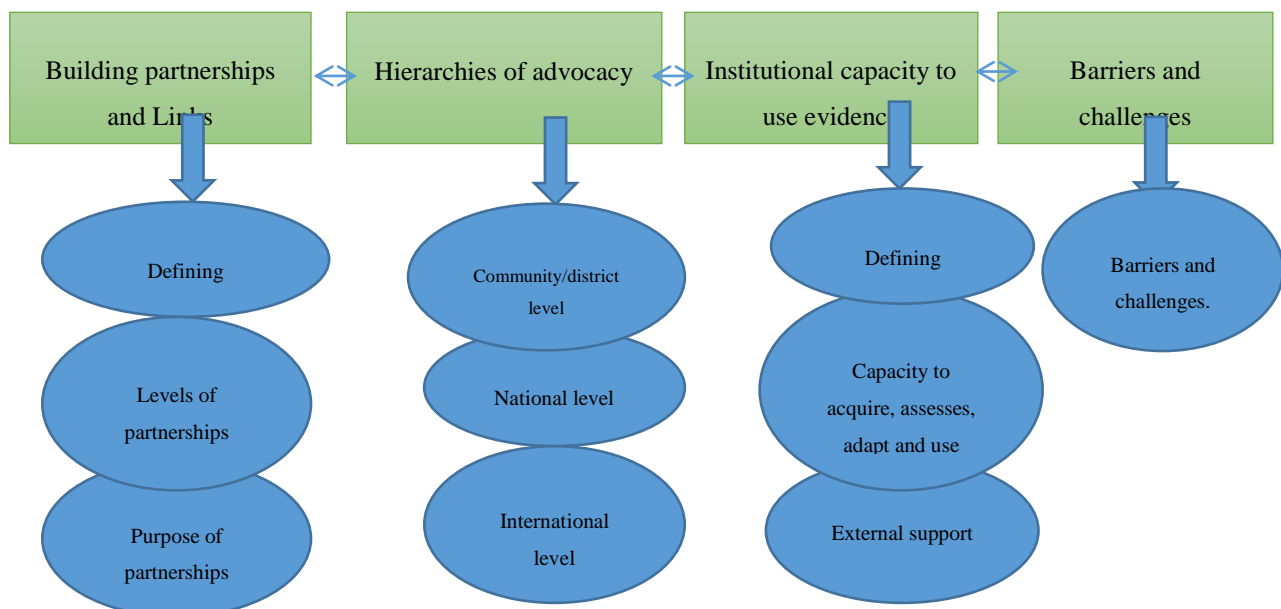
4 Results

Four main research questions informed this study: 1) How does WashOrg define evidence used to influence their policy advocacy activities? 2) What types of evidence are being used by WashOrg Uganda to inform policy advocacy activities? 3) How successful are WashOrg Uganda's attempts to use evidence to inform policy advocacy activities? 4) What capacity exists in WashOrg Uganda to use evidence to inform policy advocacy activities? Results presented in this chapter are drawn from an analysis of data from organizational annual reports, key activity reports, organization strategic plans and semi-structured interviews.

An organizational self-assessment questionnaire entitled "Is Research Working for You" was also administered to each of the five participants for more detailed data about research capacity and as a means to triangulate data from the semi-structured interviews and document reviews. Data converged around four main themes including: a) Building partnerships and linkages, b) Hierarchies of advocacy, c) Institutional capacity to use evidence and d) Barriers and challenges to implementation of organization activities.

Figure 2 is a diagrammatic representation of the major themes and sub-themes.

Figure 2: Major themes and sub-themes



4.1 Participants' Background

The five participants (P1-P5) were from the WashOrg's Departments of Programs. Their working experience with WashOrg ranged from 3 to 8 years, and longer in the WASH sector working at other organizations prior to joining WashOrg. They all possessed post-graduate qualifications ranging from post-graduate diplomas to Master's degrees acquired in different disciplines such as Organizational Development, Public Health, Development Studies, Monitoring and Evaluation, Human Resource Management, and Sociology.

4.2 Theme 1: Building Partnerships and Linkages

This theme represents the present and future partnerships critical to WashOrg advocacy activities. These partnerships are built and nurtured with community based organizations, government ministries and their implementing arms across sectors, academic institutions, and other organizations in the WASH sector, and individuals who support the organization as consultants. Partnerships are demonstrated as crucial to the policy advocacy mandate of WashOrg Uganda and are also noted as one of the core values in their strategic plan (2010, p.1): "We work with local partners, who understand local issues, and provide them with skills and support to help communities set up and manage practical and sustainable projects that meet their real needs". This theme was composed of three sub-themes (background and defining partnerships, levels of partnerships and purpose of partnerships), described below.

4.2.1 Background and defining partnerships

This sub-theme describes the evolution of partnerships as a working model of WashOrg. Documents reviewed discussed a 'Partnership Support Modality' that represented the organization's approach to collaboration. The 'Partnership Support Modality' was adopted out of experiential learning following years of direct service delivery of program activities. Through this shift WashOrg gave up stand-alone project delivery to more participatory and decentralized forms of service delivery characterized by partnerships with local organizations and local government structures at community and national levels. Participant 4 explains that "for the Uganda program or even WashOrg at large, our

kind of approach is actually the partnership approach rather not working direct but working through and with partners. So you find there is a lot of attachment given to other stakeholders...”

The primary objective of this shift however was to hand back the mandate for direct service delivery to district local governments, and local and national service organizations so as to improve coordination, increase effectiveness and attain sustainability at these levels. The gist of building and nurturing partnerships is summed in the strategic plan:

The primary focus of the Modality [Partnership Support Modality] was to recognize the district as the mandated entity for providing and coordinating developments. While the districts would provide the overall framework, civil society organizations (CSOs) would provide the needed services. This would in turn enhance a more holistic interface and public-private partnership between WashOrg Uganda, the districts and the community based organizations.
(WashOrg, 2010.p.4)

In the absence of a formal description of a partner, when asked to share their definition of a partner most participants’ descriptions reflected their roles and responsibilities in the organization. Participant 2, for example, described a partner as ‘.... like-minded organizations whom we work with because we don’t implement directly, we implement through partners, so partners are the people on ground.....’ Participant 1 on the other hand described a partner as

.....those agents with whom we work directly or work in collaboration to achieve a specific objective or goal. So in this case, we have partners that we directly engage by giving some form of funding and then those ones with whom we have agreed on a topic and we work together to achieve a particular goal or topic. But also there is an in-between where we work with certain strategic partners [national level partners], to help us also reach certain objectives.

WashOrg’s Partner recruitment process was refined from an ad hoc process - where interested organizations contacted WashOrg directly or when WashOrg solicited groups

through calls for proposals - to more contextual considerations as noted in the program evaluation report (WashOrg, 2010): “WashOrg should distinguish between true partners - those with joint partnership agreements, transfer of funds and a joint way of working from the rather more distant collaborators [who are] those other organizations with which WashOrg needs to influence [policies]” (p.10). These true partnerships are built in line with the organization’s strategic interests that enhance their work in sector influencing and inter-sectoral collaboration.

4.2.2 Levels of partnerships

This subtheme of the partnerships and linkages theme describes the levels at which WashOrg builds and nurtures its partnerships. Partnerships are built and nurtured at three different levels within the cycle of the organization’s program implementation and advocacy activities. Partnerships at each level are built within a context allowing for specific objectives to be realized by the organization at that level.

Community Level: The partnerships at this level are with grassroots community based organizations implementing water, hygiene and sanitation interventions on behalf of WashOrg Uganda in the same districts of operation. As P1 explains: “WashOrg will engage partners within their district of operation to be more efficient and effective in program delivery...to deliver an integrated WASH program that focuses on service delivery, advocacy, research and capacity building”.

District Level: These partnerships are built with local governments that are in charge of implementing policies and delivering services at the local level (i.e., for several communities). At this level, WashOrg starts the state-civil society collaboration by close implementation of activities, initiation of action research, sharing of evidence and negotiation for change in practice. For example, their strategic plan names district local governments, Ministry of Water and Environment, and the Ministry of Health as partners because of their coordination and policy making role. The district level is the policy implementing arm of the government and WashOrg strategically supports this level financially to implement WASH activities and tags along by working closely with the district-based technical support units of the Ministry of Water and Environment, supporting joint learning, implementing best practices and supporting capacity building.

WashOrg also offers technical support in the implementation and localization of policies. It is at this point that they use the opportunity to highlight and discuss WASH issues already identified by the organization, influencing changes in WASH practice through knowledge and technology transfer. They sum this up in their strategic plan (WashOrg Uganda, 2010, p.6):

...we work in a few carefully selected districts, chosen using agreed and transparent criteria. Within each district support design is an integrated program of support [technical, financial] working with district authorities and local representatives at village, parish, and sub-county levels and collaborating with all other players in that district.

National Level. At this level, WashOrg builds strategic partnerships and creates linkages in multiple ways. WashOrg connects outside the WASH sector for particular issues to which they would like to bring attention and thereby influencing the policy agenda. Although their major mandate is a focus on WASH, WashOrg is cognizant of the role other relevant stakeholders such as ministries and nongovernmental organizations can play to increase visibility of their issues. Participant 4 further explains

WashOrg has signed an MOU with NUDIPU and ADD [national disability associations] in the promotion of equity and inclusion in sectors where they have strengths such as education and health. Focus of the partnership is around joint advocacy, shared learning, integration and capacity building on mainstreaming of equity and inclusion in WASH and other sectors of education and health. This partnership also brings together a loose national level collaborative group on equity and inclusion.

This is a typical example of how WashOrg builds and nurtures relationships to amass support for their advocacy issues by navigating across sectors with a common interest in the area for which they are advocating. Collaboration with Ministries of Water and Environment and Health is crucial for the policy advocacy mandate of WashOrg. They report their progress on this issue in their annual report (WashOrg, 2011, p.10):

Over the year, WashOrg has initiated efforts to improve and stream line working relationships and alliances with national and strategic organizations/institutions following learning during the development of the new urban strategy. These include Ministry of Water and Environment to engage on pro-poor policies and the urban reform strategies, Ministry of Lands, Housing and Urban Development which WashOrg will be engaging on urban reforms, the National Water and Sewerage corporation which is to be engaged on the pro-poor approaches...the Ministry of Education and Sports and Ministry of Health on policy particularly on issues of sanitation in schools.

In this way, the organization always explores joint issues of interest and possible ways to collaborate to enable them to influence for change in policies.

With National-Level Focused WASH Organizations, Media and Networks. Through participants' interviews and documents, it was clear that WashOrg engaged national partners as a common voice to policymakers. Through the Uganda Water and Sanitation NGO network (UWASNET), WashOrg is able to mobilize over 200 non-profit member organizations to recognize, support and voice their issues of concern. WashOrg achieves this through direct support to the UWASNET secretariat both technically and financially. This financial funding is crucial to the independent functioning of the UWASNET as it reduces their dependence on government funding which could compromise a bold and assertive advocacy stance towards government.

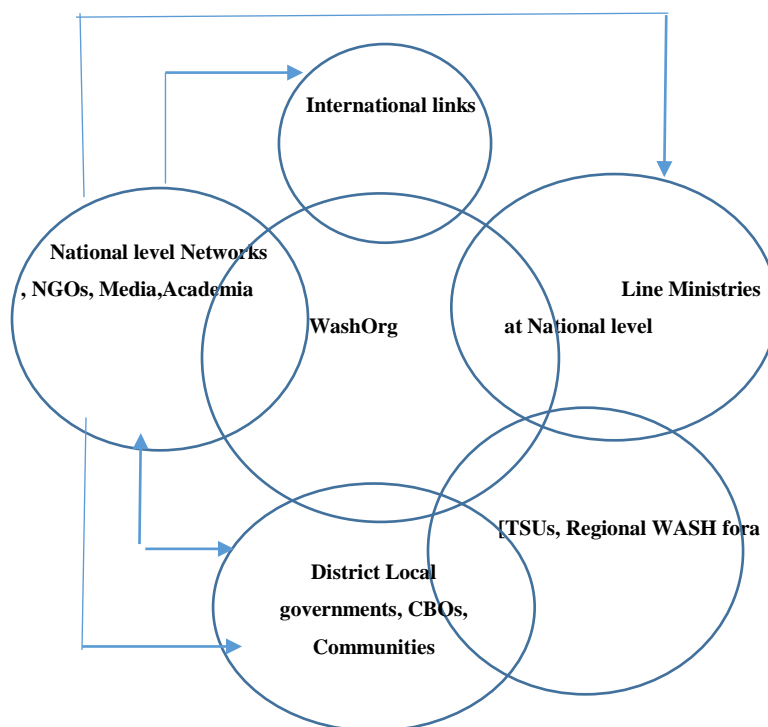
In their own words P4 adds that "... in most of our national engagement we put UWASNET at the forefront so that we are able to tap into the different skills [and expertise] from the different members within the UWASNET umbrella." Through this tactic WashOrg relinquishes ownership of research results and thereby creates a sense of ownership and common purpose among NGOs in the WASH sector. In this way they form a common voice for their advocacy issues and become 'leaders from behind'. WashOrg also tactfully works with media organizations and key public role models as ambassadors to bring attention to the right to clean water.

Another way that national partners were engaged was through evidence generation and validation. WashOrg leverages its relationship with UWASNET to create awareness

about problems and gaps in the WASH sector. WashOrg also works with NGOs to generate evidence. In other instances, WashOrg presents its research findings to members for validation through dialogues that allow for the sharing of experiences and perceptions on the same issue in their diverse localities.

WashOrg further exploits the opportunity to collaborate on action research activities by capitalizing on the diverse implementation settings of NGOs. This enhances efficiency as they are able to widen their sample size by reaching many more people in all four regions of the country hence increasing the credibility and usability of their research findings. WashOrg has also streamlined a capacity building program for all their partners at different levels through trainings, review meetings, and indirect or direct technical support. Figure 3 demonstrates the partnership relations between WashOrg, ministries and other stakeholders at various levels of operation.

Figure 3: Partnerships for Policy Advocacy.



4.2.3 Purpose of partnerships

The second sub-theme of the broader thematic area of Building Partnerships and Linkages is about the Purpose of Partnerships. WashOrg works in support of the government's decentralization policy that aims to empower local government structures to plan and manage the delivery of services in their respective localities. In most documents reviewed, there was consensus that working with districts and local community organizations as local actors was beneficial as WashOrg ably tapped into their comprehensive knowledge of local problems. Furthermore, these local actors served as excellent entry points into the communities given their proximity to and experience in the localities.

In an evaluation study (WashOrg, 2010) one of the objectives of working in partnerships was summed up as 'The [partnership support] Modality would further provide a conduit for knowledge mobilization and technology transfer and mobilization of the communities through the cascaded structures of government. It will facilitate wider resource mobilization from other funding [sources from within the various organizations]' (p.10). WashOrg thereby builds and nurtures partnerships at the various levels for different emerging purposes.

One purpose for nurturing partnerships is to generate, understand, and clarify problems faced in the WASH sector in Uganda. This is demonstrated at community level partnerships where the issues advocated for at the national level usually emerge. All participants pointed out the importance of the community in identifying and describing problems for which policy change is required. Participant1 explains... "[Through partners] we document experiences from the communities in the field as part of some form of real life experiences of people and how they are impacted by a number of WASH services [or lack thereof]". Participant 2 adds that "...from the field, from the community down there, in the poor communities, those are the people we target for evidence on if there are any problems..." Participant 4 further clarifies that "...even issues and problems have to be evidence based....you can only stand to speak [to policy makers and stakeholders] and be respected when you speak from an informed side of it and that means having evidence from the ground."

WashOrg also nurtures relationships within the WASH sector to influence the policy agenda in the field and navigate other sectors to raise awareness and amass support. It is however imperative to note that sometimes this is as far as their objective goes.

Participant 1 clarified

...sometimes the research we are doing is also feeding into a campaign process, it might not actually be translating into a project [for implementation] but can actually form a campaign where you rally for a call to action on a number of issues but not necessarily be the ones to act. We are setting up the agenda for others to act and to raise the issue as important.

This increased confidence in the issues for which evidence with recommendations was presented and in other instances the reputation of a new technology or approach would be enhanced, adopted and replicated.

Sustainability is another reason for building partnerships. Among their core objectives, WashOrg works to ensure there is sustainability of interventions at all levels of implementation. Alongside their belief that they cannot effect policy changes alone, WashOrg acknowledges that partnerships and collaborations are important in ensuring sustainability of their interventions. In their own words, Participant 4 explains that

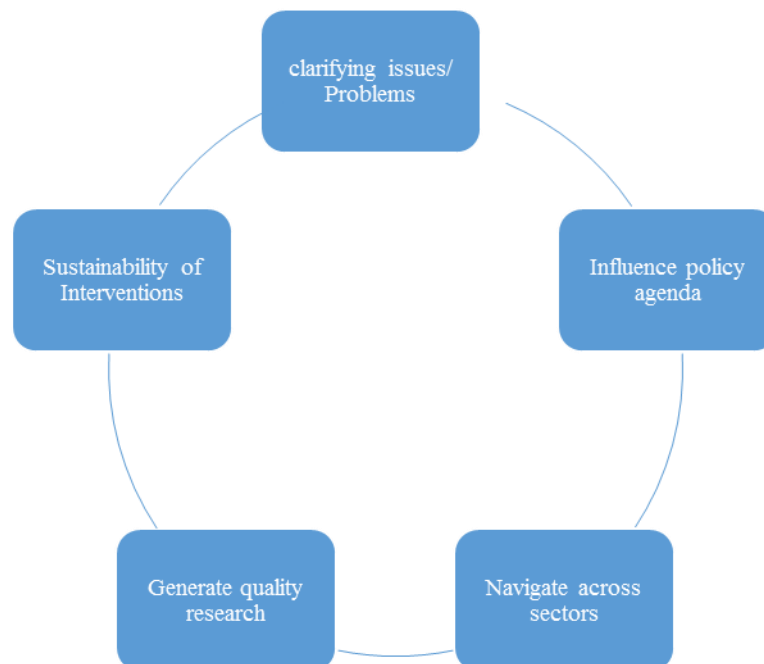
WashOrg influenced the formation of the WASH parliamentary forum within the parliament of Uganda, but we did not want to do it in isolation. We had to attract the participation of other key stakeholders like World Bank, UNICEF, Plan Uganda, SNV [Netherlands Development Organization, UWASNET [Uganda Water and Sanitation NGO Network], GIZ [German Technical cooperation]....because we believe even sustainability aspects can be addressed besides engaging them for technical reasons...for the parliamentary forum to be sustainable we need people to contribute to the parliamentary strategy and the work plan activities.

To generate quality research, WashOrg works in partnership with academia such as universities and training schools to benefit from their expertise in conducting credible and trustworthy research. Participant 4 explains that

...we have done a number of research [studies] where we are collaborating with universities, because we know universities have the time and expertise to do research and that particular research I talked about, we are working with Water and Engineering Development Center (WEDC) because of their long term experience in engineering but also because they have done a number of research [studies] on disability.

Figure 4 provides an overview of the purposes of partnerships unique to WashOrg advocacy activities.

Figure 4: Purposes of Partnerships



4.3 Hierarchies of Advocacy

This theme describes the various levels at which WashOrg conducts advocacy activities. These levels (community, district, national, and international) overlap in that issues raised at the local level are further pushed to the national level agenda and then are linked to international issues. Although the provision of services is WashOrg's primary goal, the organization also delivers services to reduce inequities in access to services, which in turn

empowers WashOrg to advocate for services from government. The way in which advocacy is expressed at the different levels of the system is described next.

4.3.1 Community and District Level:

This sub-theme describes the foundational level of WashOrg's advocacy hierarchy. They start by empowering communities to demand services to which they are entitled.

Participant 2 explains that... "...when we are advocating in the sector....we have two levels, we have the field up to the district level, that is what we call the district wide approach, and then we have the sector advocacy beyond the district.....". At the community level WashOrg carries out more indirect grassroots advocacy activities by engaging local actors and building the capacity of communities to take independent action to demand for their right to services. They target local governments that have the mandate to translate national policies into action at that level. The issues are drawn directly out of the community by giving them platforms to share challenges, and possible actions to change their situations through various fora, e.g., use of radio talk shows, presentation of campaign events where law makers and policy implementers are invited and engaged in dialogues directly with the communities . The communities and Community based organizations (CBOs) are supported by WashOrg to follow through these processes to ensure that change is actually effected. In their report, WashOrg (2013) demonstrate their success at this level (see Box 1).

Box 1: WashOrg advocacy activities at community level.

Wash Centre (a CBO implementing partner of WashOrg) which operates in a sub-county was identified to spear head the work of advocating for the completion of water facilities [by the district local government]. Community advocacy groups were formed in the area for the purposes of lobbying for the completion of water facilities. Advocacy meetings were organized between the district and community members. Letters were also written to the district authorities to bring attention to these uncompleted water sources. The community members further used their councilors to share their grievances with the district councils. The district working with the Wash Centre completed building these water sources.

4.3.2 National Level:

This sub-theme describes WashOrg's second level of advocacy to influence policy directly. Various strategies are used to advance WashOrg's agenda such as linking issues at different levels for more visibility, recognition and leveraging available resources.

Both indirect and direct advocacy are conducted at this level. Through indirect advocacy, WashOrg works through organizations and networks of organizations to present their advocacy issues. They do this through mobilizing CBOs for a common cause and raising awareness about an issue. They build consensus and then let all stakeholders vocalize their concerns about the issue to policy makers independently or in collaboration with WashOrg. In this process, WashOrg leads from behind. In parallel, WashOrg lobbies policy makers directly and articulates issues, evidence and recommendations for action.

To enable this process, WashOrg collaborates closely with line ministries and policy makers to develop a good relationship that positions them to assertively exert pressure on policy makers. Through other lobbying activities, WashOrg mobilizes policy makers to raise awareness of certain issues. An example is the formation of the parliamentary WASH forum where WashOrg mobilized other organizations to support their cause by directly presenting program requests to national policy makers (WashOrg, 2011).

WashOrg also proactively 'volunteers' to fund and collaborate on research about key issues and gaps raised by government during joint stakeholder WASH sector reviews. In this way, they are able to tackle issues that are pertinent to government which in turn places them in a position to be listened to when they present their issues, as well as building trust and credibility.

The advocacy hierarchies of WashOrg are interlinked as issues raised at the community level trickle up to the national level. In the same vein, issues identified from national level fora are linked back into the communities, usually through research. Participant 4 details this process:

There's a lot of linkage...between our advocacy work at the district and the national engagement. ...in our programming we take the district as our core

business where we normally generate evidence of what is happening because for service delivery the district is actually the core area where it happens. It is where the policy implementation takes place, so when we do research or when we do some activities.... we take a lot of lessons from these...we try to see how practical the policies are on the ground and what are some of the gaps that are existing...we make sure it is fed into the national level for example through the UWASNET umbrella.... the linkage is quite flowing so the advocacy activities at the district are linked to the national level.

In their Annual report (2013), WashOrg share some of their linkages between community/ district level advocacy and service delivery activities and the national level (see Box 2).

Box 2: District to National level linkage.

WashOrg shared with the Ministry of Water the idea of the rope pump as an alternative low cost technology for promoting self-supply of water in rural areas (This followed actual implementation by WashOrg to pilot and test this technology in areas of operation). The Ministry of Water and Environment is currently developing a policy framework for the self-supply of water in Uganda and the rope pump is one of technologies that will be reviewed for uptake in the water and sanitation sector. WashOrg has been tasked to carry out a policy review and to provide further documentation on the rope pump to facilitate technology review and policy development.

4.3.3 International Level

This sub theme describes WashOrg's highest advocacy level in the hierarchy. Advocacy at this level is done strategically among all WashOrg implementing countries to front a common issue. In other instances, WashOrg works with International WASH focused- or research-oriented organizations to, for example, test a technology or conduct research on an issue across countries in Africa. Advocacy activities at this level are linked to the national and local levels of advocacy by translating international campaigns to fit local

contexts; localizing international policy instruments or stipulations to the local grass root population; and reminding and pressuring government to honor commitments made through international agreements.

Although the types of evidence used at each level differ, there is overlap. For example, at the community/ district level, anecdotal evidence in the form of community voices and experiential knowledge of beneficiaries is legitimized more than other types of evidence. On the other hand, at the national level more of the well-documented case studies and ‘formal research’ on an issue or through action research is mostly used. However, the community/ district level evidence also feeds to the national level directly or indirectly. Directly, WashOrg presents this evidence to stakeholders, or indirectly, through the district -based technical support units of the Ministry of Water, NGOs /CBOs that are WashOrg partners and members of national networks like UWASNET, or the district local government reporting directly to the line ministries.

It is important to note that WashOrg’s advocacy at the different levels allows it the flexibility to create motivation for action, respond to the agenda of other actors, assume an influential or contributory role in voicing an issue for change and to act behind others in the sidelines. The multiple levels of engagement also support a direct mainstream role in the policy advocacy process (see Box 3). Participant 3 sums it all up as

We don’t separate community level advocacy from service delivery. People need to see tangible outcomes and this principle applies from user level through to national government. If WashOrg ‘only talks’ it will lose credibility. We develop a well-articulated approach to the integration of service delivery and advocacy between the different levels.

Box 3: Example of an International research and advocacy partnership.

WashOrg and two international partners are undertaking a research project to understand the systematic causes for failure of underground water points in sub-Saharan Africa. The project aims to develop and test a framework for assessing water source failure, engage key stakeholders and practitioners in rural areas, both within Uganda and wider to ensure the implementation of research results at the district, national and international levels.

4.4 Institutional Capacity to Use Evidence

This theme represents the capacity of the organization in terms roles, qualifications and capacity of staff to acquire, assess, adapt and use evidence for their policy advocacy activities. It also connotes the context in which the organization works both internally and externally that affects its ability to use evidence for policy advocacy activities.

4.4.1 Defining Evidence

Although WashOrg demonstrates the use of evidence in their policy advocacy and service delivery roles, the organization has no formal definition of evidence. Evidence came across as having one of those ‘taken for granted’ definitions that assumed staff can articulate what is meant by ‘evidence’. Participant 3 explains that

.....we don’t have a systematic definition [of evidence] but the way we look at it is, something that really indicates that whatever we do whether it’s an approach or technology, we have to demonstrate that it works and that it can help deliver sustainable and equitable services to communities we target. Evidence has to be demonstrated, documented and shared.

All staff defined evidence broadly to include expert knowledge, research (both action research and one-off formal/systematic research), anecdotal and experiential evidence, and case studies. Participant 4 explains that

We actually define evidence as an issue that is identified and analyzed properly to understand, for example the magnitude of one particular issue and then also

understanding what kind of target group is affected by a specific issue and then understanding which allies or stakeholders are pro or are against a specific issue, basically we really understand evidence as something that has been tested or proved to really speak about a specific identified scenario.

Whereas participants' explanations of evidence portray a broad definition of evidence, their descriptions of evidence are clearly developed through the lens of their roles in the organization. Participants whose responsibilities were skewed more to the district/community level named anecdotal and experiential or lay evidence as highly valued. In general, in their description of evidence participants legitimized anecdotal evidence as being part and parcel of creating an evidence base that is focused on the issues faced by citizens. Participant 3 further elaborates that "we use our experiences, our lessons we learned from the field, our practices from the field and we use them to inform advocacy both at district where we work but also informing at the national level".

On the other hand, participants who were focused more at national level work were skewed to a 'research' biased and 'expert knowledge' definition of evidence rather than other forms of evidence. Moreover, their description of expert knowledge was also more reflective of having an expert conducting research on behalf of WashOrg rather than other ways of tapping into expert knowledge.

4.4.2 Capacity to Acquire Evidence

This section speaks to the ability and resources of the organization to identify sources of evidence for policy advocacy activities. Specifically, the section discusses the roles and skills of staff, the sources of evidence and external support used during this process. Results from the self-assessment questionnaire on capacity to acquire evidence are also discussed here.

Roles and skills.

WashOrg has a well-balanced human resources complement that is also qualified to identify research issues pertaining to the different departments. For example, the organization has a Policy, Research, Advocacy and Campaigns (PRAC) unit with staff

experienced in policy advocacy, research and documentation. Participant 4 explains their role as

...overseeing the policy research and campaign issues of WashOrg, and so in terms of research specifically which is part of the evidence we use for influencing. My role is around identifying thematic areas that we can conduct research on to be able to inform the sector engagement, and specifically the way we gather our research themes we try to analyze the sector gaps and then the sector undertakings and within those areas we detail to collect evidence around there, so that we do advocacy, we do our reminders, we do lobbying on the specific commitments and the sector challenges to inform the practice on a number of policies and also to inform the development of policies.

Participants also have opportunities to reflect upon their work as departments, between departments and as the organization as a whole. This is done through weekly staff meetings where each unit shared what their objectives for the week were, how they planned to achieve these and what supports were required of other departments. The PRAC unit coordinates the identification and analysis of issues, and works with all other units to prioritize and plan the implementation needed for their advocacy work. The organization's capacity to acquire evidence is strengthened by the use of external consultants and partnering with more experienced organizations to acquire credible and trustworthy evidence.

Four main sources of evidence emerged:

The grassroots level. The voices and experiences of the local people, including perspectives about the issues or problems and successes (of approaches or technologies), are a source of evidence. These voices are documented as audio clips, video clips, citizen report cards, quotes verbatim, case studies or change stories. Besides being used for advocacy, this evidence is used for organizational learning to improve approaches and technologies. WashOrg transitions evidence from this level to the national level after it is tried and tested enough to be replicated elsewhere. All the processes - including failures and modifications - through which this evidence was produced is also shared with stakeholders. This has fostered the credibility of WashOrg in the sector.

Research. Conducting formal research is a major way through which WashOrg obtains evidence for policy advocacy, especially at the national level. WashOrg conducts research on specific issues through short-term systematic research, long-term action research with its partners or as part of a consortium of organizations testing an approach or technology in different localities within or outside Uganda. WashOrg further generates evidence internally from conducting baseline surveys, end of program evaluations and program reviews from which they track changes for progress, learning and best practice. Policy documents and strategies are also used to evaluate what the WASH sector stipulates vis-à-vis their practice, i.e., how policies actually translate on the ground. The organization ensures a participatory and transparent research process on issues that affect the sector. Consultations from stakeholders are made, for example, through UWASNET regarding methods and general processes used to conduct studies. Input from stakeholders is sought consistently in addition to intermittent updates on progress over the course of such studies. By ensuring a participatory process, WashOrg is able to mobilize stakeholders to own their cause thereby creating a sense of shared purpose. This common voice enables WashOrg to use its evidence to effectively influence policy makers.

Secondary data sources. WashOrg uses secondary data sources including evidence from other actors in the WASH sector who have conducted research, case studies, or collated other documentation from their localities. The organization also accesses scientific papers indirectly as such evidence is usually synthesized by WashOrg at the international level.

External support. WashOrg taps into expert knowledge by hiring experienced research consultants. These experts are engaged both locally and internationally, for example to conduct program evaluations as a way of obtaining an independent and objective assessment of their programs. WashOrg International also sometimes supports WashOrg Uganda financially and with technical expertise during research.

Organization Self-Assessment Tool results.

This section presents the results from the organizational self-assessment tool on WashOrg's capacity to acquire evidence. The organization's capacity to acquire evidence is on average strong. The majority of participants indicated that the organization looked

for research in the right places and that it did so with ‘some consistency’. At least 80% of participants neither agreed nor disagreed that the organization had enough time to carry out research. This is in tandem with ‘lack of enough time’ being cited in participant interviews as one of the challenges impeding the conduct of research.

No clear pattern was seen in responses related to ‘having skilled staff for research’ (disagree- 20%, neither agree nor disagree- 40% majority, agree-20% and strongly agree- 20%). This variation might be attributed to each participant’s assessment of the organization staff / skills needs, with those more directly engaged in policy advocacy at the national level being more cognizant of the capacity gaps of the organization than those working at the district level. All participants agreed that the organization valued and did learn from peers, through sharing best practices, ideas and experiences in their work while 80% of participants indicated that the organizations mostly sought research from grey literature, citing difficulties in accessing subscription research journals directly. Table 2 summarizes the results from the organizational self-assessment tool on capacity to acquire evidence.

Table 2: Capacity to Acquire Evidence*

Domain section	Areas considered	Disagree	Neither agree nor disagree	Agree	Strongly agree	Decline to answer
1. Are we able to acquire research?	We have skilled staff for research	1(20%)	2(40%)	1(20%)	1(20%)	0(0%)
	Enough time for research	0(0%)	4(80%)	1(20%)	0(0%)	0(0%)
	Incentive to do research	1(20%)	0(0%)	2(40%)	2(40%)	0(0%)
	We have resources to do research	0(0%)	1(20%)	3(60%)	1(20%)	0(0%)
	Links with external experts to monitor/ do research for us	0(0%)	1(20%)	3(60%)	1(20%)	0(0%)
		Do poorly	Do Inco-	Some Con	Do well	No answer

4.4.3 Capacity to Assess Evidence.

After acquiring evidence, a subsequent step involves assessing the evidence for relevancy and rigor. The skills and roles available to the organization, processes of assessing evidence, and other sources of support are discussed. The results of the organization's self-assessment questionnaire 'Is Research Working for You' capacity to assess evidence are also discussed here.

Roles and skills:

The PRAC unit is primarily in charge of assessing evidence acquired or generated by WashOrg before publication or dissemination. The unit is equipped with a research and documentation officer who is responsible for leading and overseeing the research process even when external consultants have been contracted to conduct the research on behalf of the organization. The process of assessing the quality of evidence is largely an internal process led by the head of policy advocacy and campaigns. At the district level however, the head of program effectiveness assumes the mandate of ensuring that data collected are reliable for both WashOrg and their partners. Continuous refresher training of WashOrg staff in all departments on how to conduct high quality qualitative research using new technologies is also part of the staff development process.

How Evidence is assessed:

At each level of advocacy, evidence quality is assessed using well defined parameters. At the community/ district level there is an internally developed framework of planning, monitoring and evaluation based on program indicators of performance. Against this framework, WashOrg conducts baseline and post-implementation studies through which they are able to authenticate their data. In addition, at the local level, parameters to measure the strength of evidence include: "voice and inclusion", "appropriateness" and "triangulation". If these three parameters are met, then the evidence is considered strong.

At the national level, WashOrg has developed a research matrix to score the research for quality based on parameters such as relevance, reliability, adequacy of data, among others. After a research study is scored and passed as strong internally, a stakeholder

validation process is embarked on at the community level (usually where the research is conducted) to the national level. This process takes place through a series of workshops where such evidence is presented for scrutiny and input of sector stakeholders.

Participant 3 explains, “...so validation is one of the processes we undertake to make sure that people confirm that actually what we have found is true and whether the way we are presenting or packaging our evidence is true and ...useful to the sector...” WashOrg Uganda uses feedback to collect more data to fill any identified gaps and/ or strengthen their research and the way it is presented for various audiences. This process of validation is a way of WashOrg giving up sole ownership of the research results and sharing power over the processes of evidence generation.

External support.

The organization sometimes engages external experts such as academic institutions to support the assessment of evidence. This is especially true of research in areas where academic institutions or researchers have expertise due to their role in inventing and /or operating these technologies. Participant 3 explains that ‘we have a working relationship with Makerere University and basically they are supporting us with research and work with the data analysis [process] and linking up this data for advocacy..’. By anchoring to reputable academic institutions, WashOrg not only builds the credibility, reputation and recognition of their research but of their organization as well. WashOrg International also supports WashOrg to strengthen its capacity to assess evidence by conducting data reliability audits for WashOrg and partners. The feedback is used to check gaps to improve the process.

Organization Self-Assessment Tool results.

The organization’s capacity to assess evidence is strong. The majority (60%) of participants agreed that their organization had critical appraisal skills and tools to evaluate the quality, and reliability of research. Sixty percent of participants also indicated that the organization had a list of pre-qualified external consultants that supported this validation process. The findings in this section also confirm data from the semi-structured interviews where participants indicated that the PRAC unit had a research matrix that they used to evaluate the quality of research. Table 3 summarizes the

results from the self-assessment tool related to the organization's capacity to assess evidence.

Table 2: Capacity to Assess Evidence*

Domain section	Areas considered	Disagree	Neither agree nor disagree	Agree	Strongly agree	Decline to answer
1. Can we tell if the research is valid and of high quality?	Staff have critical appraisal skills and tools to evaluate research methodology	0(0%)	1(20%)	3(60%)	1(20%)	0(0%)
	Staff have critical appraisal skills to evaluate reliability of specific research	0(0%)	1(20%)	3(60%)	1(20%)	0(0%)

2. Can we tell if the research is relevant and applicable?	We have arrangements with external experts for critical appraisal skills and tools to assess evidence	0(0%)	1(20%)	3(60%)	1(20%)	0(0%)
	Staff can relate our research to our organization.	0(0%)	0(0%)	3(60%)	2(40%)	0(0%)
	Organization has arrangements with external experts to identify relationships between what we do and what research says	1(20%)	1(20%)	2(40%)	1(20%)	0(0%)

*Results correspond to the number and percentage of participants interviewed selecting a response option. N=5

4.4.4 Capacity to Adapt Evidence

After assessing evidence, WashOrg has to adapt evidence for various stakeholders and/or policy makers appropriately. This section therefore discusses the organization's capacity, including the skills and roles available to the organization and processes of adapting evidence, to adapt evidence for various policy makers and stakeholders. The results of the organization's self-assessment questionnaire on the capacity to adapt evidence are also discussed in this section.

Roles and skills

Adapting evidence to pertinent situations is the role of all staff in the various departments owing to the fact that advocacy occurs at all levels of the organization. At the community level, partners and community advocacy groups are trained to develop and communicate key messages to policy makers in locally acceptable media and appropriate language. The Integrated program unit (the unit in charge of all program implementation) oversees district implementation and advocacy activities at the community level. This Integrated program unit also houses the capacity building staff who conduct capacity gap assessments and oversees capacity building of partners and communities in communities. At the national level, the PRAC unit works as the lead in framing issues, packaging evidence and delivering recommendations to policy makers.

How Evidence is adapted

Analysis of the documents, interviews and self-assessment tool reveals that evidence is adapted differently for each level of advocacy. The community/ local level is characterized by the organizing of evidence to suit policy makers, community literacy levels and partner requirements. As such, the use of platforms where community members can easily express themselves to policy makers or use visual aids to represent and communicate evidence to policy makers is prevalent. In some instances, policy makers at the national level are invited to community fora where members voice their issues and evidence directly. Such platforms include use of community radio programs where policy makers are invited as part of panels to discuss issues, and where dramatized community voices remind policy makers of their responsibilities. Information and

communication material such as flyers, booklets, and leaflets are also developed and disseminated for policy makers.

At the national level, WashOrg conducts policy reviews and briefs about specific issues that are shared with policy makers and other stakeholders. Participant 2 explains that “we have a unit called PRAC....so in that unit we have professionals who handle this data and also analyze it so they come up with policy papers”. Documentation of case studies showing successful implementation and benefits of new approaches, models and technologies is done consistently. Abridged research briefs, advocacy information and communication materials such as flyers and pictorials to ease readability are compiled and disseminated to stakeholders including policy makers during research dissemination workshops. Participant 3 sums it up as:

We use it [evidence] in different fora, with different groups and produce different products like briefs...what we do at grassroots advocacy feeds into campaigns, we package messages based on what’s coming up in the sector and work with different organizations to campaign, targeting big days like the World toilet day, sanitation week...etc.

Organization Self-Assessment Tool results.

On average, 32% of participants neither agreed nor disagreed that the organization had the capacity to summarize research results to appropriate audiences. 43% agreed that the organization had the capacity to adapt research appropriately to the different target groups while only 25% strongly believed in the organization’s capacity to adapt research evidence to policy / decision makers. Some participants noted that it was difficult to strongly score this area on ‘capacity to adapt evidence’ because there was always need for continuous learning and adopting new strategies that suited different circumstances/ contexts. Table 4 summarizes the results from the assessment on organizational capacity to adapt evidence

Table 3: Capacity to Adapt Evidence

Domain section	Areas considered	Disagree	Neither agree nor disagree	Agree	Strongly agree	Decline to answer
<i>Our organization has enough skilled staff with time, incentive and resources to:-</i>						
1. Can we summarize research results in a user-friendly way?	Present research results concisely and in accessible language	0(0%)	2(40%)	2(40%)	1(20%)	0(0%)
	Synthesize relevant research, other information into one document	0(0%)	3(60%)	1(20%)	1(20%)	0(0%)
	Link research results to key issues facing	0(0%)	0(0%)	4(80%)	1(20%)	0(0%)

decision makers					
Provide recommended key actions to decision makers	0(0%)	2(40%)	3(60%)	0(0%)	0(0%)
<i>Our organization has arrangements with external experts to;-</i>					
Present research results concisely and in accessible language	0(0%)	2(40%)	1(20%)	2(40%)	0(0%)
Synthesize relevant research, other information into one document	0(0%)	2(40%)	1(20%)	2(40%)	0(0%)
Link research results to key issues facing decision makers	0(0%)	1(20%)	2(40%)	2(40%)	0(0%)

Provide recommended key actions to decision makers	0(0%)	1(20%)	3(60%)	1(20%)	0(0%)
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*Results correspond to the number and percentage of participants interviewed selecting a response option. N=5

4.4.5 Capacity to Apply Evidence

Applying evidence is the subsequent step after it has been assessed and adapted to context. This section therefore discusses the organization's capacity to apply the evidence through the skills and roles available to the organization, the processes of assessing evidence, and other sources of support. The results of the organization's self-assessment questionnaire on the capacity to apply evidence are discussed here.

Roles and skills

The PRAC unit in WashOrg is responsible for overseeing the dissemination and application of evidence at the national and district level, working closely with the Integrated WASH unit that oversees implementation in the districts. Conducting research and obtaining evidence are a priority for the organization and the related processes -from identifying issues, data collection, and validation to applying research -are deliberately well funded. Internal communication about research results takes place regularly between staff and management for joint decision-making regarding implementation.

How Evidence is applied.

Evidence acquired through research is used to influence the priority advocacy issues of WashOrg. The evidence is easily implemented because the management of the organization is involved in first approving any research to be conducted. Participant 3 for example explains "...before any research is undertaken it is approved internally, [confirming] first of all that we need to do this research, developing and approving the TORs and by senior management signing them off..." Research evidence is always presented internally to all staff and management who then jointly contribute to the recommendations, especially around issues of national level policy and influencing. Thereafter the organization also keeps a research catalogue detailing all research done; whether research was implemented or not, reasons for pending implementation and gaps. This research catalogue guides the subsequent research priorities of the organization as evaluated against the needs of the WASH sector at the time.

Organization Self-Assessment Tool results.

Among all four domains on organizational capacity to use evidence, WashOrg is strongest at applying research as demonstrated by high scores on having research as an organizational priority. On average, 47% of participants agreed that the organization valued research use and led by example, making research a priority, involving staff and committing resources, among others. On the other hand, 13% rated the organizations' valuing of research and leading by example as "inconsistent" while 40% agreed that it was done with some consistency. However, 60% of participants strongly agreed to a rigorous research question identification process and to the active involvement of management and staff in identifying research priorities. It is imperative to note that no participant scored this section less than 'Do with some consistency'. The table below summarizes the results from the organizational assessment on applying evidence.

Table 4: Capacity to Apply Evidence*

Domain section	Areas considered	Disagree and strongly disagree	Neither agree nor disagree	Agree	Strongly agree	Decline to answer
1. Do we lead by example and show how we value research use?	Using research is an organizational priority	0(0%)	0(0%)	2(40%)	3(60%)	0(0%)
	Resources provided to ensure research is accessed, adapted and applied.	0(0%)	1(20%)	3(60%)	1(20%)	0(0%)
	Staff involved in discussions about hoe research relates to organizational goals	0(0%)	2(20%)	2(40%)	2(40%)	0(0%)

2. Do our decision making processes have a place for research?	Clear communication of priorities and strategies by management to those creating/ monitoring research	0(0%)	1(20%)	2(40%)	2(40%)	0(0%)
	Internal communication to exchange information	0(0%)	0(0%)	1(20%)	4(80%)	0(0%)
	Corporate culture is supportive of research use	0(0%)	1(20%)	2(40%)	2(40%)	0(0%)
	Allocate enough time to identify researchable questions and consider research results	0(0%)	0(0%)	2(40%)	3(60%)	0(0%)
	Management team have expertise to	0(0%)	0(0%)	3(60%)	2(40%)	0(0%)

evaluate feasibility of
options

Formal consideration 0(0%) 0(0%) 2(40%) 3(60%) 0(0%)

given to

recommendations

from staff who have

developed or

identified high quality

research

Staff/ stakeholders 0(0%) 0(0%) 2(40%) 3(60%) 0(0%)

know when major

decisions will be

made

Staff/stakeholders 0(0%) 0(0%) 0(0%) 5(100%) 0(0%)

know how and when

to contribute evidence

and how it will be

used

Staff who provide 0(0%) 0(0%) 3(60%) 2(40%) 0(0%)

evidence or analyzes

usually participate in decision making discussions					
Relevant on-staff researchers are made part of decision making discussions	0(0%)	0(0%)	2(40%)	3(60%)	0(0%)
Staff/stakeholders receive feedback about decisions made with rationale for those decisions	0(0%)	1(20%)	2(40%)	2(40%)	0(0%)
Staff/stakeholders are informed of how available evidence informed decisions/ choices made by organization	0(0%)	0(0%)	1(20%)	4(80%)	0(0%)

***Results correspond to the number and percentage of participants interviewed selecting a response option. N=5**

Challenges to Implementation of Organization Activities.

This theme represents the challenges the organization is facing in implementing direct service delivery and policy advocacy activities. In particular, this theme demonstrates the challenges faced at the intersection between service delivery and policy advocacy activities, as well as challenges related to the context (political, social, economic factors) that the organization faced or continues to face in the implementation of their policy advocacy activities. One challenge related to the context is an unfavorable political environment. There was a tendency of politicians misinterpreting the intentions of NPOs as fuelling rebellion against government especially when NPOs mobilize communities to voice issues and demand for services. This is also rife at the national level and WashOrg has had to tread cautiously to prevent being misinterpreted and closed down. This limits their potential and ability to express their views directly to policy makers and this suppression limits the achievements and intended objectives of the organization.

Participant 3 explains that

..the environment even around NGO regulation is not very good and so even when we are empowering communities to demand, we are also cautious because they have to gather and meet as communities and engage their leaders and so sometimes that gathering may be misinterpreted as anti-government... we are really treading carefully and that may have implications on how some issues may be addressed if you're not attacking them head on.

Further, the high levels of corruption in the country's political system sometimes requires WashOrg to pay politicians, especially at the local/ district level, to attend meetings. The huge allowances claimed constrain WashOrg's ability to sustain these activities.

Participant 3 says that;

...some of the evidence we collect is around governance, because we do a lot of advocacy- so a lot of governance, concerns. You know the atmosphere in the country at the moment with high corruption, so some of these things are really sensitive and so... in terms of advocacy ... we don't really like use the too

persuasive advocacy and there are things we are not really attacking here, we feel that's not what we want.

Turning to internal constraints, WashOrg faces overwhelming demands on time, financial and staff resources for effective implementation of their policy advocacy and service delivery activities. This partly accounts for the need to hire external support at almost all levels to conduct research, implementation audits and surveys. As a result, sometimes research is never completed on time due to competing priorities for staff, hence affecting their ability to release timely research results. In some instances, such research ends up being shelved and never used at all. Participant 3 sums up this challenge as...

...of course sometimes when we do research..., our sample area is in one or two districts and... When you go to discuss with stakeholders there are questions around, is this evidence representative enough? We don't have resources to do... wide scale research, we can only collect in a few areas, maybe try to demonstrate using that small evidence and then in the process collect more information, so that has been a question for all the researches we have done... That's to say a real issue that is affecting the whole sector.

Staff turnover is also common and finding highly qualified and experienced people in the areas of policy research and documentation is not easy. As a result, the PRAC unit has been understaffed for close to a year now, further affecting timeliness of research and causing higher expenditures on hiring of short term consultants.

Acknowledging that they cannot do it all, WashOrg seeks evidence from secondary sources to guide their policy advocacy activities. As P1 explains,

...there is a lack of reconciliation of information between various agencies and also duplication of work... ... Finding a good source for evidence is not easy for the sector in Uganda. If I give you an example, if you are looking at statistics around sanitation coverage in Uganda ...the Joint Monitoring report -JMP will give a different sanitation coverage figure, then the Ministry of Water and Environment will have its own coverage figure and then .. Uganda Bureau of statistics will have another coverage figure and all of this is because of the

[different] indicator parameters each one has and what it's measuring...so sometimes as you use secondary data sources, they include many with varied information on the same issue”.

Further still, WashOrg has to place a considerable amount of effort to build the capacity of CBOs to collect quality data that is later used as evidence to engage policy makers. This process remains time consuming and expensive yet it is the ultimate way WashOrg can effectively empower communities to solve their own problems.

4.5 Summary of Results

Data converged around four main inter-linked themes a) Building partnerships and linkages, b) Hierarchies of advocacy, c) Institutional capacity to use evidence and d) Barriers and challenges to implementation of organization activities. In spite of the challenges, WashOrg created opportunities for meaningful organizational engagement through peer/ partner activities at various levels of their program operations. Underlying these activities was strategic sharing and shifting of power among other evidence-oriented strategies that influenced policy changes. These strategies are discussed and demonstrated further in the next chapter.

Chapter 5

5 Discussion, Implications and Conclusions

5.1 Introduction

The goal of this case study was to build a preliminary conceptual model of how non-profit organizations use evidence for policy advocacy activities. This study also contributes to our understanding of how nonprofit organizations can effectively use evidence in their programming to influence policy change. In this chapter I use the research questions to synthesize, interpret and discuss findings in relation to existing literature. After discussing the study limitations and strengths, I conclude this thesis with potential implications for practice, policy and future research.

5.2 Discussion

This section looks at the ways in which study results intersect with extant literature, resulting in new questions for future research.

5.2.1 How does WashOrg define evidence used to influence their policy advocacy activities? What types of evidence are being used by WashOrg to inform policy advocacy activities?

Despite WashOrg not having a clear and formal definition of evidence, participant descriptions match the various definitions raised in existing research literature (Nutley et al., 2007). The differing definitions of evidence discussed by WashOrg participants ranged from ‘useful information such as - citizen reports, anecdotal, beneficiary testimonies - that could be used to guide decision making’, to ‘research’ and ‘expert knowledge’. The lack of a definitive definition is similar to debates in current literature about what exactly constitutes ‘evidence’ (Brownson, Baker, Leet, and Gillespie 2010, Kothari and Armstrong, 2011; Nutley et al., 2012). These differing views have consequently led to difficulty adopting a ‘universally’ acceptable definition of evidence

by WashOrg or by scholars in the area of public health (Banta, 2003; Brownson, Chiqui, Stamatakis, 2009).

However, the privileging of research knowledge over other forms of evidence was notable for all WashOrg programs although this was especially true for those programs focused at implementing national level advocacy activities. The findings align with Nutley, Powell and Davies (2012) who argue that the rigor involved in conducting and publishing research, e.g., the elaborate preparation of questions, methods, documentation of processes, external scrutiny and multiple reviews of processes, positions it over other forms of evidence. In further support of this stance, Oxman et al (2009) imply that the ability to assess research knowledge for trustworthiness qualifies it above other forms of knowing which cannot be systematically assessed.

On the other hand, programs working mostly at district and community levels placed a great deal of emphasis on other forms of evidence such as anecdotal evidence, expert opinions, and case study documentation in addition to ‘formal’ research. Integration of informal evidence with formal research results was more visible at the district level of program implementation. These perception differences intersect with Hardwick, Anderson and Cooper’s (2014) study findings which implied that evidence for frontline service organizations was greatly influenced by its contextual practicality and relevance. Other studies such as that of Brownson et al (2009) found that a compelling story, such as beneficiary testimony or a change story, combined with formal and systematic quantitative or qualitative research tended to have more persuasive effects on policy makers. As such, for WashOrg, context was important, and this kind of evidence could be called ‘local evidence’ that was usable in that particular setting to influence decisions and actions.

Working with partners and local communities also enriched and broadened WashOrg’s perspective of evidence. The experiences of local people or local expert knowledge was legitimized when change stories and testimonies were documented into case studies and disseminated. Besides demonstrating the need to combine explicit community knowledge into the legitimate evidence stream, Pollard and Court (2005) argue that NPOs should not trump the perspectives of ordinary people who are usually most affected by the issues

that require policy changes. Further, Pollard and Court (2005) in their review found that many NPOs engaged in policy advocacy and service delivery were challenged by ensuring a balanced intersection between their policy advocacy and service delivery roles, whereas WashOrg created a meaningful intersection of the two that maximized their impact in policy advocacy. WashOrg ensured this intersection by incorporating practical service delivery derived experiences on what works and what doesn't work into evidence used to inform different areas of their policy advocacy activities.

Parallels are also evident between WashOrg's attachment of importance to certain kinds of evidence and the hierarchies of evidence currently discussed in the literature. Elamin and Montori (2012) describe hierarchies of evidence as 'the extent that evidence is protected against bias it would lead to more confident decision making' (p.11). Although WashOrg's research studies were usually questioned for representativeness by stakeholders, formal systematic research was still demonstrated as better quality and more convincing. This consideration influenced the way WashOrg worked with the Ministries of Water, Environment and Health on finding evidence and giving recommendations around an issue at the national level. Specifically, WashOrg usually opted towards using more formal 'research studies' when working collaboratively with policy makers because they were able to demonstrate a systematic process to acquiring solutions to a co-identified issue/ problem, in turn building trust and legitimacy with policy makers.

5.2.2 How successful are WashOrg Uganda's attempts to use evidence to inform policy advocacy activities?

Numerous policy making theories, models, and frameworks in the scholarly literature parallel the mix of strategies used by WashOrg to influence policy. These theories and frameworks, ranging from the traditional, rational linear model of policy making (Bridgman & Davis, 2003; Nutley et al., 2007; Stone, 2001), to incrementalism (Cairney, 2011; Ritter and Bammer, 2010), advocacy coalition frameworks (Sabatier, 1999) and diffusion theories (Berry and Berry, 1999), all elaborate the intricacies of the policy making process reflected in WashOrg processes to influence policy. Particularly, elements of the traditional, rational model and elements of the advocacy coalition

framework are conspicuous in WashOrg's approaches to policy advocacy. In agreement with Howlett and Giest (2013), the traditional model of policy making is only useful as a tool to guide the analysis and understanding of intricate and complex policy processes. In this case, I will examine WashOrg's impact at each of these stages. Through the four stages of the traditional policy making model, WashOrg utilized each stage to exert their influence for incremental policy changes at different levels of government. These stages include 'Problem Identification and Agenda setting, Decision Making, Policy Implementation, Monitoring and Evaluation' (Nutley, Walter & Davies, 2007, p.93)

At the problem identification and agenda setting stage of the policy cycle (Cairney, 2011; Sabatier, 2013), WashOrg first mobilized other actors in and outside the WASH sector, including policy makers, to identify and clarify problems. Here WashOrg does not only identify, flag, and raise awareness about problems but works to frame them as succinct issues. WashOrg demonstrates its initial dependence on others to act or mobilize support to identify and frame issues for policy makers. Results particularly demonstrated an unarticulated but conscious process of attention to the way issues were presented to policy makers. Young and Quinn (2003) emphasize the need to convince stakeholders and policy actors that any identified problem is important and worth tackling in order to become an issue. To this end, WashOrg used various avenues such as the media to sensationalize problems which were then conceptualized as important, sometimes after conducting detailed research and documentation that was then widely shared to transform other actors and institutions.

WashOrg's objective to identify and clarify issues intersects with Almog Bar and Schmids' (2013) arguments that sometimes advocacy organization's policy objectives on an issue focuses only on identifying and raising awareness of issues for other actors to act on. In some such instances, WashOrg lacked resources to act directly on this issue or it was beyond their geographical jurisdiction (especially at the district/ community level). Walt and Gilson (2014) support WashOrg's position that the way issues are portrayed and understood, coupled with the strength of the people portraying the issue, might be sufficient to initiate policy change actions. As such, WashOrg built on their strengths by

identifying problems which span beyond their geographical jurisdictions and successfully lobbied for policy changes in their areas of jurisdiction.

By building awareness of a problem, WashOrg not only enhanced knowledge on what could be seen as relevant and/or a valid issue for policy change but also created a mass of people and institutions that were well informed about the issue. Mobilizing stakeholder opinion was important for it eased the communication of evidence and gave other stakeholders an opportunity to contribute to the policy process. WashOrg further used the explicit method of ensuring that stakeholder interests, feedback and views were used to contribute to the quality of their evidence. In this case, WashOrg aligns with Keck and Sikkick's (1998) argument that nonprofit organizations who already have established collaboration with policy makers can demonstrate the rigor of their evidence by explicitly synthesizing the feedback, interests and views of various stakeholders. Moreover, where problems or issues are identified and raised by government, WashOrg assesses, highlights, and builds awareness about the issue among other stakeholders while also conducting further relevant research.

At the decision making stage of policy making, WashOrg initiates loose partnerships with various stakeholder including policy makers and stakeholders within and across sectors. WashOrg collaborated with government ministries to set research priorities and carry out research to derive solutions to identified problems. Building partnerships and linkages emerged from the findings as a significant activity of WashOrg's policy making process – essentially shifting importance from not only the end result but the policy process itself. The Integrated Knowledge Translation (IKT) approach could be relevant here and lends itself to the fact that when evidence is co-created between researchers and decision makers, the results could be readily taken up by decision makers.

Kothari and Wathen (2013) discuss IKT where, in response to a particular issue, knowledge users and researchers bring together their expertise in response to a co-identified problem and work closely together to develop research questions, methodologies, study designs, and in interpreting the findings. WashOrg and government

ministry collaborations however did not always fit the comprehensive IKT approach described by Kothari and Wathen (2013). Sometimes issues were not directly co-created; even in instances when they did co-create problems, working closely at each step of the research process with equal contribution was far from being realized. In other words, WashOrg usually took charge of the process, initiated drafts, and sought feedback from relevant government ministries.

WashOrg also took on an active role in defining the alternatives for action and working with government to rank the different alternatives by fore fronting evidence about likely outcomes of each option. To this extent, it is clear that to influence decisions the organization thrived on building insider relations with policy makers. In other instances, WashOrg utilized other organized platforms such as the Uganda Water and Sanitation NGO network (UWASNET) to raise awareness, build support for their ideas, and form a common voice to policy makers. While working with other stakeholders, WashOrg took on an active or passive ‘leadership role’, depending on the circumstances, and in many instances WashOrg demonstrated itself as a guiding institution after a coherent policy community of actors had emerged.

Shiffman and Sultana (2013) argue that a coherent policy community commands a higher degree of influence for policy change due to their levels of moral authority and knowledge on the issue. To build such a coherent group of actors, WashOrg uses a bottom up approach, leveraging the organization’s connections that start at the community level up to the national level (Shiffman and Sultana, 2013). A lot of emphasis is particularly placed on acquiring evidence from the communities themselves who in such instances, are portrayed as the basic source of all forms of evidence. This approach promotes a sense of contributing to and connecting to other smaller CBOs in the sector.

WashOrg is seen to play into a context where evidence cannot solely inform policy decision, hence the need for a wider interpretation by a wide range stakeholders who will use this evidence within a local jurisdiction (Lewin, Oxman, Lavis, Fretheim, Garcia & Munaabi-Babigumira, 2009). In this way, WashOrg is able to establish unwavering

support for their issues and evidence with various stakeholders. With this kind of approach, WashOrg exceeds other competing sub-sectors in the target ministries to favorably compete for financial and technical Ministry resources.

WashOrg supports policy implementation by assuming the role of a primary agent that supports communities through CBOs and local governments to implement policies. Drawing from Pollard and Courts' (2005) description of how non-profit organizations can support policy implementation, WashOrg works independently of government to provide services to communities. Besides working with communities, WashOrg at the local level keeps in close dialogue with the technical support units (TSUs) of ministries who offer implementation support to local government staff.

Constant engagement between the TSUs and CBOs implementing on behalf of WashOrg ensures that any challenges faced during policy implementation is fed to the technical support units who usually provide updates to ministries on the technical issues faced in areas of jurisdiction. Further still, WashOrg offers financial resources to districts to support the rollout of policy action plans. Financially supporting policy implementation enables WashOrg to gain a window of influence as the local governments have to engage in periodic dialogues with WashOrg on what is working, challenges and how to overcome such barriers as well as financial accountability.

WashOrg supports policy monitoring by supporting CBOs to engage in monitoring of policy implementation, funding, and conducting evaluation studies (i.e., knowledge generation). The most conspicuous component of WashOrg's policy monitoring in all areas of implementation was the citizen engagement process, where CBOs worked with communities to track local government budgets, specifically the utilization of public funds in providing WASH services to local people. This activity is in line with what Pollard and Court (2005) describe as 'promoting information availability and transparency' (p.20). To affect these activities, WashOrg promotes the use of clear and easily accessible evidence and exposes the issue as much as possible so as to garner interest beyond the district local government, e.g., the media. In this way, local governments are facilitated to change practice while at the national level such issues make their way into being addressed as sector problems.

Through working with CBOs and local communities, WashOrg promotes participatory and reflective monitoring on policies that are meant to impact them positively. Feedback from such processes is seen as an essential element of evidence that is used to influence policy at the national level. WashOrg counteracts the constraints faced by government by completing district budgets, direct service delivery and advocating for increased funding for WASH from the existing funds. In sum, WashOrg uses a variety of evidence sources in conjunction with partnerships and external links at the different stages of the policy making process to effect policy changes.

5.2.3 What capacity exists in WashOrg Uganda to use evidence to inform policy advocacy activities?

To carry out its policy advocacy, WashOrg adopts activities such as conducting policy relevant research, documenting community experiences, and synthesizing and packaging this evidence adequately for policy makers. While WashOrg demonstrates that the use of evidence to inform decisions in the organization is a priority at all levels of program implementation, the organization's capacity to use research evidence varied across the four domains (to acquire, assess, adapt and apply research findings).

WashOrg's capacity was strongest with respect to assessing and applying research and other evidence. This is attributed to well established procedures for appraising and applying research both internally, such as the matrix template for research appraisal, and externally, such as the stakeholder research validation processes. Results showed that once the organization had evidence, assessing and applying such evidence was easily cascaded at different levels, using a variety of links and avenues to validate and communicate findings to policy makers. In addition, applying research results came across as everyone's responsibility and was demonstrated as a more participatory process in which staff and management got together to discuss evidence before it was disseminated or implemented. In addition to other motivations such as reducing silos between departments, organizational image and coherence in messaging to policy makers seemed to be one of the influencing factors for such a participatory process.

The organization's relationships with policy makers were usually formalized when conducting joint activities, although interactions with policy makers were sometimes informal. Lavis, Moynihan, Oxman, and Paulsen (2008) are explicit about the need for personal communication between policy makers and organizations as it largely influences the adoption of evidence for policy change. It accordingly seemed important for WashOrg that all departments were aware of the policy issues and recommendations coming from the organization.

The capacity to acquire and adapt evidence would benefit from increased staff capacity and expertise. The capacity to acquire evidence was stronger than the capacity to adapt as the organization usually mobilized external support to conduct studies. Moreover, the organization had sufficient internal expertise to identify and prioritize research needs. On adapting evidence for various stakeholders, respondents cited the dynamic contexts and the need to learn new strategies to package evidence to effectively reach policy makers.

In addition, the identified gaps in the capacity to use evidence were often beyond the control of the organization. WashOrg faced challenges such as staff turnover, difficulty finding qualified candidates for job positions, competing priorities hence time constraints, untimely release of research results, and sometimes completed research not being used. The challenges cited are similar to those that have been identified in current literature (Hardwick, Anderson and Cooper, 2014; Humphries, Hampe, Larsen, Bowen, 2013; Lavis, Davies, Gruen, Walshe & Farquhar 2006; Nabyonga-orem, Marchal, Mafigiri, Ssengooba, Macq, Da Silveira, Criel et al., 2013 ; Oxman et al., 2009).

Although largely supported by external consultants, WashOrg frequently carries out research on policy issues and many of the interventions for which they lobby. Cousins, Goh, Elliot, Aubry and Gilbert (2013) found that the frequency at which an organization conducted research implied that an organization had a strong capacity to acquire research. This also demonstrates that WashOrg prioritizes evidence informed decision making.

WashOrg capacity is complemented by the ability to forge partnerships with other stakeholders, including policy makers. These stakeholders usually supported research validation by providing feedback on the research methods, processes, and findings. Lavis et al (2008) point to the need to have varied quality of evidence, with good

communication, and to establish organizational legitimacy through stakeholder involvement in the evidence generation processes.

Capacity building was a major component for CBOs working directly with communities on behalf of WashOrg. This capacity building led to high quality implementation of programs, from which solid best practices and case studies were used as evidence. Moreover, CBOs and their target communities assumed an advocacy role at this level by directly interfacing with local governments, demanding service improvement at the community level. This approach consolidates WashOrg's capacity to influence policy through policy advocacy for change at national level and reinforcement with local government influenced by the affected communities themselves.

5.3 Conceptual Model

The results of this suggest that WashOrg influences policy through four strategies, as discussed above (linking resources with government and communities; nurturing partnerships; anchoring on external support; and advocacy efforts at multiple levels)

These strategies are supported in turn by four evidence-oriented enablers: a)

Participatory knowledge generation, b) Bottom-up approach to knowledge generation and use, c) Relinquishing power over evidence, and d) Developing insider relations with policy makers.

5.3.1 Participatory knowledge generation

Regardless of type of evidence, WashOrg ensures a participatory process to knowledge generation. In other words, be it formal research, case study documentation, or anecdotal evidence, WashOrg ensures stakeholder involvement (e.g., policy makers, NPOs, communities) in processes of generating such evidence. This ensures a sense of ownership of results by stakeholders which Carney, Maltby, Mackin and Maksym (2011) highlight as one of the important factors to effectively influence the policy process.

Through nurturing their partnerships and linkages, WashOrg is able to create alliances with other development actors, garner the support of other NPOs at the national level, and exchange ideas and information which ultimately result in a more effective policy influencing process. More so, by anchoring on to the external support of consultants and

credible academic institutions, WashOrg boosts its capacity to generate credible research and informal knowledge.

5.3.2 Bottom up approach to knowledge generation and use

Besides participatory knowledge generation, WashOrg is seen to strongly assume a bottom-up approach to knowledge generation and use by ensuring that their varied evidence is grounded in the communities they serve. Nurturing Community level partnerships enhanced the responsiveness of WashOrg programs to priority needs of the community. This in turn enabled the emergence of creative solutions to challenges unique to communities. Having evidence grounded in the community increases the credibility of evidence, contributing to uptake and use beyond WashOrg. In this way, WashOrg is able to leverage scarce financial and technical resources at different levels of program implementation and ultimately integrate all acquired evidence into national level policy advocacy activities.

5.3.3 Relinquishing power over evidence.

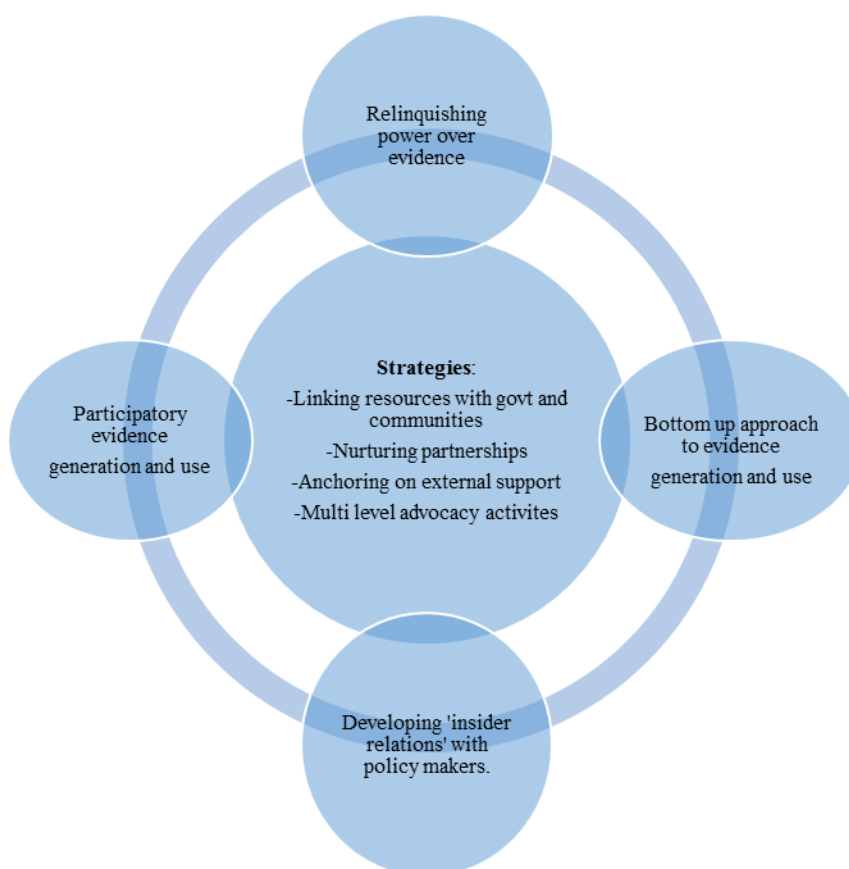
WashOrg recognizes that they cannot influence policy on their own but that they need the support of other stakeholders. Although WashOrg funds and conducts research studies, they portray themselves as a conduit used by WASH sector stakeholders to conduct research on issues of sector concern. As such, they convene meetings and other kinds of fora to share research processes and feedback into research findings. WashOrg uses stakeholder feedback into their evidence thus tapping into the skills and capacities of other organizations while at the same time eliciting and sustaining policy makers' interest in the issue being researched. In some instances, WashOrg is seen to hand over collaborative research validation processes to bigger network partners such as UWASNET which in turn increases transparency, trust and visibility of issues thereby giving power to other stakeholders to 'own' the policy issues and research findings. At the community level, the advocacy process involved the creation of advocacy structures, such as advocacy committees that took control of the process of acquiring and communicating evidence to local government.

5.3.4 Developing insider relations with policy makers.

Results show that developing insider relations are a strong component of WashOrg's policy advocacy activities. These relationships range from joint program implementation, joint research activities to informal relationships with various ministries. Moreover, the multi-level advocacy activities ensure favorable interaction with policy makers at both policy implementation and decision making levels.

The figure below is a diagrammatic representation of the relationship between these strategies and underlying enabling evidence-oriented processes. The enablers are linked by a circle, indicating that they work in tandem to influence the advocacy strategies. All strategies are important for successful policy outcomes, in equal measures.

Figure 4: Knowledge strategies and enablers used by WashOrg to influence policy advocacy.



Elements of the strategies above are similar to the lessons identified by Lavis et al (2008) in their survey of 176 organizations' activities to support policy making. One difference, however, was that anchoring on external support, as used by WashOrg was not identified as one of the strategies in the Lavis et al (2008) study. In addition, WashOrg's strategies further fit with Sabatier's (1999) advocacy coalition framework that recognizes the need for interaction between various policy actors over a gradual period of time for policy changes to be realized.

5.4 Study Strengths and Limitations

Data collection for this research was conducted virtually by video skype interviews as opposed to face-to-face interview method. Whereas this is an authentic method to collect data, considering my paradigmatic stance of a constructivist researcher, some observable details elicited by the face-to-face interaction may have been missed. However, due to geographical limitations this was the best method to collect primary data.

There was one organization involved in the study therefore limiting the transferability of the study to organizations in other similar contexts. However, the in-depth study of this organization provides deep insights about strategies that can be used in a similar context to influence policy. These findings also provide insights that could be useful for further research as well as an expanded view of strategies – described in the conceptual model – on how non-profit organizations use evidence to influence policy.

While a number of convergent data sources (See Appendix 3) were used, only a few interviews were used to gain an organizational perspective. More participants would bring on additional perspectives of the organizations thereby adding to the credibility of the results. The interpreted data and results were not shared with participants for their input. However, as a constructivist researcher acknowledging the fact that my prior experience and knowledge does influence the interpretation of the data, the results of this study reflect a shared reality. Data analysis was primarily conducted by me as opposed to having multiple coders with whom to compare and contrast the coding differences. The coding was however reviewed by the committee members as external or second-eye scrutiny.

5.5 Implications for Policy, Practice and Future Research.

This research contributes to our understanding of how policy advocacy organizations can work with communities and other local stakeholders to influence policy changes. The study further reveals how communities can take responsibility to initiate bottom-up processes for policy change. The study revealed the practical evidence-oriented strategies that non-profit organizations can use to influence policy changes.

The findings provide a timely and novel contribution to understanding of how evidence is used by nonprofit organizations in the public health subsector of WASH in Uganda. The findings will help WashOrg streamline and improve their use of evidence to influence policy while other organizations within and out of the WASH sector can also use the findings to increase their effectiveness in policy advocacy.

The strategies identified in this study as well as the underlying processes were potentially invisible and this research has helped articulate them for explicit recognition and refining by WashOrg but also for potential replication by other actors in the sector.

Partnership building has played a key role in the policy processes of WashOrg and examining a comprehensive IKT approach, that includes knowledge users and policy makers equally would be useful in understanding how evidence is used by policy makers in Uganda. Similarly, while the role of nonprofit networks has been conspicuous in this study, there is need to explore how connections between organizations in a network influences the effectiveness of evidence for policy change. This study also largely focused at national level advocacy processes and therefore understanding how community based organizations at the community level perceive and use evidence warrants examination.

In conclusion, this research as enabled insight into how non-profit organizations in the developing world influence policy. Within this study, effective policy advocacy was conceptualized through four key enablers: a) Developing insider relations with policy makers, b) Relinquishing power over evidence, c) Participatory knowledge generation, and d) A bottom up approach to knowledge generation and use. The processes underlying these enablers were four key strategies including: nurturing partnerships at the various

levels of advocacy, anchoring on external support and sharing/ linking up resources with government and other stakeholders

References

- Almog-Bar, M., & Schmid, H. (2013). Advocacy activities of nonprofit human service organizations: A critical review. *Nonprofit and Voluntary Sector Quarterly*, xx(x). Doi 10.177/0899764013483212.
- Amara, N., Ouimet, M., & Landry, R. (2004). New evidence on instrumental, conceptual, and symbolic utilization of university research in government agencies. *Science Communication*, 26(1), 75-106.
- Andrews, K. T., & Edwards, B. (2004). Advocacy organizations in the US political process. *Annual Review of Sociology*, 479-506.
- Banta, H. D. (2003). Considerations in defining evidence for public health. *International Journal of Technology Assessment in Health Care*, 19(03), 559-572.
- Barungi, A., Kasaija, J., Obote, P., & Negussie, A. (2003). Contracts and commerce in water services: The impact of private sector participation on the rural poor in Uganda. *Kampala: Water Aid and Tear fund*.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544-559.
- Berry, F. S., & Berry, W. D. (1999). Innovation and diffusion models in policy research. *Theories of the Policy Process*, 169.
- Berry, J. M. (2001). Effective advocacy for nonprofits. *Exploring Organizations and Advocacy: Strategies and Finances*, (1), 1-8.
- Black, R. E., Morris, S. S., & Bryce, J. (2003). Where and why are 10 million children dying every year? *The Lancet*, 361(9376), 2226-2234.
- Boris, E. T., & Krehely, J. (2002). Civic participation and advocacy. *The State of Nonprofit America*, 299-330.

- Bowen, S., & Zwi, A. B. (2005). Pathways to “evidence-informed” policy and practice: A framework for action. *PLoS Medicine*, 2(7), e166.
- Bridgman, P., & Davis, G. (2003). What use is a policy cycle? Plenty, if the aim is clear. *Australian Journal of Public Administration*, 62(3), 98-102.
- Brownson, R. C., Baker, E. A., Leet, T. L., Gillespie, K. N., & True, W. R. (2010). *Evidence-based public health* Oxford University Press.
- Brownson, R. C., Chiqui, J. F., & Stamatakis, K. A. (2009). Understanding evidence-based public health policy. *American Journal of Public Health*, 99(9), 1576-1583.
- Brownson, R. C., Colditz, G. A., & Proctor, E. K. (2012). *Dissemination and implementation research in health: Translating science to practice* Oxford University Press.
- Cairney, P. (2011). *Understanding public policy: Theories and issues* Palgrave Macmillan.
- Canadian Institutes of Health Research, CIHR. (2014). Knowledge translation and collaboration. Retrieved March 19, 2014, from <http://www.cihr-irsc.gc.ca/e/39033>.
- Caplan, N. (1979). The two-community theory and knowledge utilization. *American Behavioral Scientist*, 22(3), 459-470.
- Carden, F. (2009). Knowledge to policy: Making the most of development research. *International Development and Research Centre*.
- Carney, J. K., Maltby, H. J., Mackin, K. A., & Maksym, M. E. (2011). Community–Academic partnerships: How can communities benefit? *American Journal of Preventive Medicine*, 41(4), S206-S213.
- Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative research.
- Chavesc, M., Stephens, L., & Galaskiewicz, J. (2004). Does government funding suppress nonprofits' political activity? *American Sociological Review*, 69(2), 292-316.

- Child, C. D., & Grønbjerg, K. A. (2007). Nonprofit advocacy organizations: Their characteristics and activities*. *Social Science Quarterly*, 88(1), 259-281.
- Clayton, A., Oakley, P., & Taylor, J. (2000). *Civil society organizations and service provision* United Nations Research Institute for Social Development.
- Cousins, J. B., Goh, S. C., Elliott, C., Aubry, T., & Gilbert, N. (2014). Government and voluntary sector differences in organizational capacity to do and use evaluation. *Evaluation and Program Planning*, 44, 1-13.
- Creswell, J. W., & Clark, V. L. P. (2007). Designing and conducting mixed methods research.
- Dobbins, M., Robeson, P., Ciliska, D., Hanna, S., Cameron, R., O'Mara, L. . . . Mercer, S. (2009). A description of a knowledge broker role implemented as part of a randomized controlled trial evaluating three knowledge translation strategies. *Implementation Science*, 4(23), 1-9.
- Donaldson, L. P. (2007). Advocacy by nonprofit human service agencies: Organizational factors as correlates to advocacy behavior. *Journal of Community Practice*, 15(3), 139-158.
- Dukeshire, S., & Thurlow, J. (2002). Understanding the link between research and policy. *Rural Communities Impacting Policy Project*, 18, 1-18.
- Edmondson, A. C., & McManus, S. E. (2007). Methodological fit in management field research. *Academy of Management Review*, 32(4), 1246-1264.
- Elamin, M. B., & Montori, V. M. (2012). The hierarchy of evidence: From unsystematic clinical observations to systematic reviews. *Neurology* (pp. 11-24) Springer.
- Estabrooks, C. A. (1999). The conceptual structure of research utilization. *Research in Nursing & Health*, 22(3), 203-216.
- Fafard, P. (2008). *Evidence and healthy public policy: Insights from health and political sciences* Canadian Policy Research Networks.

- Field, P., Gauld, R., & Lawrence, M. (2012). Evidence-informed health policy—the crucial role of advocacy. *International Journal of Clinical Practice*, 66(4), 337-341.
- Fielding, N. G. (2012). Triangulation and mixed methods designs data integration with new research technologies. *Journal of Mixed Methods Research*, 6(2), 124-136.
- Fisher, W. F. (1997). Doing good? The politics and antipolitics of NGO practices. *Annual Review of Anthropology*, 439-464.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12(2), 219-245.
- Fowler, A. (2000). Introduction beyond partnership: Getting real about NGO relationships in the aid system. *IDS Bulletin*, 31(3), 1-13.
- Fowler, A. (2000). NGDOs as a moment in history: Beyond aid to social entrepreneurship or civic innovation? *Third World Quarterly*, 21(4), 637-654.
- Fyall, R., & McGuire, M. (2014). Advocating for policy change in nonprofit coalitions. *Nonprofit and Voluntary Sector Quarterly*, 0899764014558931.
- Gagnon, M. P., Gagnon, J., St-Pierre, M., Gauvin, F. P., Piron, F., Rhainds, M., . . . Legare, F. (2012). Involving patients in HTA activities at local level: A study protocol based on the collaboration between researchers and knowledge users. *BMC Health Services Research*, 12, 14-6963-12-14. Doi: 10.1186/1472-6963-12-14
- Gaventa, J. (1999). Crossing the great divide: Building links and learning between NGOs and community based organizations in north and south. *International Perspectives on Voluntary Action: Reshaping the Third Sector*, 21-38.
- Gen, S., & Wright, A. C. (2013). Policy advocacy organizations: A framework linking theory and practice. *Journal of Policy Practice*, 12(3), 163-193.
- Gioia, D. A., Thomas, J. B., Clark, S. M., & Chittipeddi, K. (1994). Symbolism and strategic change in academia: The dynamics of sense making and influence. *Organization Science*, 5(3), 363-383.

- Graham, H. (2009). *Understanding health inequalities* McGraw-Hill International.
- Grimshaw, J. M., & Eccles, M. P. (2004). Is evidence-based implementation of evidence-based care possible? *Medical Journal of Australia*, 180(6), S50.
- Grol, R., & Grimshaw, J. (2003). From best evidence to best practice: Effective implementation of change in patients' care. *The Lancet*, 362(9391), 1225-1230.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and “ethically important moments” in research. *Qualitative Inquiry*, 10(2), 261-280.
- Hastie, R. E., & Kothari, A. R. (2009). Tobacco control interest groups and their influence on parliamentary committees in Canada. *Canadian Journal of Public Health*, 370-375.
- Higginbottom, G., Pillay, J. J., & Boadu, N. Y. (2013). Guidance on performing focused ethnographies with an emphasis on healthcare research. *The Qualitative Report*, 18(9), 1-6.
- Holloway, I., & Todres, L. (2003). The status of method: Flexibility, consistency and coherence. *Qualitative Research*, 3(3), 345-357.
- Howlett, M., & Giest, S. (2013). The policy-making process. *Araral E Jr., Fritzen S, Howlett M, Ramesh M, Wu X, Editors. Routledge Handbook of Public Policy. Abingdon: Routledge.*
- Humphries, S., Hampe, T., Larsen, D., & Bowen, S. (2013). Building organizational capacity for evidence use: The experience of two Canadian healthcare organizations. Paper presented at the *Healthcare Management Forum*, 26(1) 26-32.
- Innvaer, S., Vist, G., Trommald, M., & Oxman, A. (2002). Health policy-makers' perceptions of their use of evidence: A systematic review. *Journal of Health Services Research & Policy*, 7(4), 239-244. Doi: 10.1258/135581902320432778
- Keck, M. E., & Sikkink, K. (1998). *Activists beyond borders: Advocacy networks in international politics* Cambridge Univ Press.

- Kimberlin, S. E. (2010). Advocacy by nonprofits: Roles and practices of core advocacy organizations and direct service agencies. *Journal of Policy Practice*, 9(3-4), 164-182.
- Kohatsu, N. D., Robinson, J. G., & Torner, J. C. (2004). Evidence-based public health: An evolving concept. *American Journal of Preventive Medicine*, 27(5), 417-421.
- Kothari, A., & Armstrong, R. (2011). Community-based knowledge translation: Unexplored opportunities. *Implement Sci*, 6(1), 59.
- Kothari, A., Birch, S., & Charles, C. (2005). "Interaction" and research utilization in health policies and programs: Does it work? *Health Policy*, 71(1), 117-125.
- Kothari, A., Edwards, N., Hamel, N., & Judd, M. (2009). Is research working for you? Validating a tool to examine the capacity of health organizations to use research. *Implement Sci*, 4(1), 46.
- Kothari, A., MacLean, L., & Edwards, N. (2009). Increasing capacity for knowledge translation: Understanding how some researchers engage policy makers. *Evidence & Policy: A Journal of Research, Debate and Practice*, 5(1), 33-51.
- Kothari, A., & Wathen, C. N. (2013). A critical second look at integrated knowledge translation. *Health Policy*, 109(2), 187-191.
- LA Rocca, R., Yost, J., Dobbins, M., Ciliska, D., & Butt, M. (2012). The effectiveness of knowledge translation strategies used in public health: A systematic review. *BMC Public Health*, 12, 751-2458-12-751. Doi: 10.1186/1471-2458-12-751
- Lavis, J. N., Lomas, J., Hamid, M., & Sewankambo, N. K. (2006). Assessing country-level efforts to link research to action. *Bulletin of the World Health Organization*, 84(8), 620-628.
- Lavis, J. N., Oxman, A. D., Moynihan, R., & Paulsen, E. J. (2008). Evidence-informed health policy 1—Synthesis of findings from a multi-method study of organizations that support the use of research evidence. *Implementation Science*, 3(53), 7.
- Lavis, J. N., Posada, F. B., Haines, A., & Osei, E. (2004). Use of research to inform public policymaking. *The Lancet*, 364(9445), 1615-1621.

- Lavis, J. N., Robertson, D., Woodside, J. M., McLeod, C. B., & Abelson, J. (2003). How can research organizations more effectively transfer research knowledge to decision makers? *Milbank Quarterly*, 81(2), 221-248.
- Lavis, J., Davies, H., Oxman, A., Denis, J. L., Golden-Biddle, K., & Ferlie, E. (2005). Towards systematic reviews that inform health care management and policy-making. *Journal of Health Services Research & Policy*, 10 Suppl 1, 35-48. Doi: 10.1258/1355819054308549
- Lavis, J. N., Davies, H. T., Gruen, R. L., Walshe, K., & Farquhar, C. M. (2006). Working within and beyond the cochrane collaboration to make systematic reviews more useful to healthcare managers and policy makers. *Healthcare Policy*, 1(2), 21-33.
- Lencucha, R., Kothari, A., & Hamel, N. (2010). Extending collaborations for knowledge translation: Lessons from the community-based participatory research literature. *Evidence & Policy: A Journal of Research, Debate and Practice*, 6(1), 61-75.
- Lewin, S., Oxman, A. D., Lavis, J. N., Fretheim, A., Garcia Marti, S., & Munabi-Babigumira, S. (2009). SUPPORT tools for evidence-informed policymaking in health 11: Finding and using evidence about local conditions. *Health Research Policy and Systems / BioMed Central*, 7 Suppl 1, Doi: 101186147845057
- Lewis, D. (1998). Development NGOs and the challenge of partnership: Changing relations between north and south. *Social Policy & Administration*, 32(5), 501-512.
- Lincoln, Y. S., & Guba, E. G. (2000). The only generalization is: There is no generalization. *Case Study Method*, 27-44.
- Lomas, J. (1997). Improving research dissemination and uptake in the health sector: Beyond the sound of one hand clapping. *Centre for Health Economics and Policy Analysis, McMaster University*.
- Lomas, J. (1997). Research and evidence-based decision making. *Australian and New Zealand Journal of Public Health*, 21(5), 439-441.
- Lomas, J. (2007). The in-between world of knowledge brokering. *BMJ: British Medical Journal*, 129-132.

- MacGregor, J. C., Kothari, A., LeMoine, K., & Labelle, J. (2013). Linking research to action for youth violence prevention: Community capacity to acquire, assess, adapt and apply research evidence. *Can J Public Health, 104*(5), e394-e399.
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. Paper presented at the *Forum: Qualitative Social Research, 11*(3).
- McDonald, R. E. (2007). An investigation of innovation in nonprofit organizations: The role of organizational mission. *Nonprofit and Voluntary Sector Quarterly, 36*(2), 256-281.
- Mercurio, B. C. (2007). Resolving the public health crisis in the developing world: Problems and barriers of access to essential medicines. *North Western Journal of International Human Rights, 5*(1).
- Milat, A. J., King, L., Bauman, A. E., & Redman, S. (2013). The concept of scalability: Increasing the scale and potential adoption of health promotion interventions into policy and practice. *Health Promotion International, 28*(3), 285-298.
- Mills, J., Bonner, A., & Francis, K. (2008). The development of constructivist grounded theory. *International Journal of Qualitative Methods, 5*(1), 25-35.
- Ministry of Water and Environment. (2012). Uganda water and sanitation sector performance report.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250.
- Mosley, J. E. (2010). Organizational resources and environmental incentives: Understanding the policy advocacy involvement of human service nonprofits. *Social Service Review, 84*(1), 57-76.
- Nabyonga Orem, J., Marchal, B., Mafigiri, D., Ssengooba, F., Macq, J., Da Silveira, V. C., & Criel, B. (2013). Perspectives on the role of stakeholders in knowledge translation in health policy development in Uganda. *BMC Health Services Research, 13*, 324-6963-13-324. Doi: 10.1186/1472-6963-13-324

- Nutley, S. M., Walter, I., & Davies, H. T. (2007). *Using evidence: How research can inform public services*. Policy press.
- Nutley, S., Powell, A., & Davies, H. (2012). What counts as good evidence? *Alliance for Useful Evidence*,
- Nutley, S., Walter, I., & Davies, H. T. (2003). From knowing to doing A framework for understanding the evidence-into-practice agenda. *Evaluation*, 9(2), 125-148.
- Nuyens, Y. (2007). Setting priorities for health research: Lessons from low-and middle-income countries. *Bulletin of the World Health Organization*, 85(4), 319-321.
- Oxman, A. D., Lavis, J. N., Lewin, S., & Fretheim, A. (2009). SUPPORT tools for evidence-informed health policymaking (STP) 1: What is evidence-informed policymaking? *Health Research Policy and Systems / BioMed Central*, 7 Suppl 1, S1-4505-7-S1-S1. Doi: 10.1186/1478-4505-7-S1-S1
- Pollard, A and Court, J. (2005) 'How civil society organizations use evidence to influence policy processes: A literature review'. *Overseas Development Institute (ODI)*, 8-11.
- Prüss-Ustün, A., Bartram, J., Clasen, T., Colford, J. M., Cumming, O., Curtis, V., . . . Fewtrell, L. (2014). Burden of disease from inadequate water, sanitation and hygiene in low-and middle-income settings: A retrospective analysis of data from 145 countries. *Tropical Medicine & International Health*, 19(8), 894-905.
- Reid, E. J. (2006). Advocacy and the challenges it presents for nonprofits. *Nonprofits and Government: Collaboration and Conflict*, 2, 343-371.
- Ritter, A., & Bammer, G. (2010). Models of policy-making and their relevance for drug research. *Drug and Alcohol Review*, 29(4), 352-357.
- Sabatier, P. A., & Jenkins-Smith, H. C. (1999). The advocacy coalition framework: An assessment. *Theories of the Policy Process*, 118, 188.
- Salamon, L. M. (2002). *The tools of government: A guide to the new governance* Oxford University Press.

- Salmon, J. (2002). Nonprofits show losses in the Public's trust; surveys find changes since terror attacks. *The Washington Post*, A02.
- Schmid, H., Bar, M., & Nirel, R. (2008). Advocacy activities in nonprofit human service organizations implications for policy. *Nonprofit and Voluntary Sector Quarterly*, 37(4), 581-602.
- Seers, K., Cox, K., Crichton, N. J., Edwards, R. T., Eldh, A. C., Estabrooks, C. A., . . . Linck, P. (2012). FIRE (facilitating implementation of research evidence): A study protocol. *Implement Sci*, 7(1), 25.
- Shiffman, J., & Sultana, S. (2013). Generating political priority for neonatal mortality reduction in Bangladesh. *American Journal of Public Health*, 103(4), 623-631.
- Sikkink, K., & Keck, M. (1998). Activists beyond borders. *Advocacy Networks in International Politics (Ithaca, NY, 1998)*, 13.
- Smith, S. R., & Pekkanen, R. (2012). Revisiting advocacy by non-profit organizations. *Voluntary Sector Review*, 3(1), 35-49.
- Stake, R. E., & Savolainen, R. (1995). *The art of case study research* Sage publications Thousand Oaks, CA.
- Stone, D. (2001). Learning lessons, policy transfer and the international diffusion of policy ideas.
- Straus, S. E., Tetroe, J., & Graham, I. (2009). Defining knowledge translation. *CMAJ: Canadian Medical Association Journal*, 181(3-4), 165-168. doi:10.1503/cmaj.081229; 10.1503/cmaj.081229
- Strauss, A., & Corbin, J. (1998). Basics of qualitative research: Procedures and techniques for developing grounded theory. *Ed: Thousand Oaks, CA: Sage*.
- Tetroe, J. (2007). Knowledge translation at the Canadian Institutes of Health Research: A primer. *Focus Tech Brief*, 18, 1-8.

- Toure, A. (2008). The Bamako call to action: Research for health. *Lancet*, 372(1855), 61789-61784.
- Walt, G. (1994). *Health policy: An introduction to process and power* Witwatersrand University Press Johannesburg.
- Walt, G., & Gilson, L. (2014). Can frameworks inform knowledge about health policy processes? Reviewing health policy papers on agenda setting and testing them against a specific priority-setting framework. *Health Policy and Planning*, 29 Suppl 3, iii6-22. Doi: 101093081101093
- WashOrg Uganda (2012). Annual organization performance report. *WashOrg*.
- World Health Organization and UNICEF (2010). Progress on drinking water and sanitation. *Joint Monitoring Program Report (JMP)*
- Wilson, M. G., Rourke, S. B., Lavis, J. N., Bacon, J., & Travers, R. (2011). Community capacity to acquire, assess, adapt, and apply research evidence: A survey of Ontario's HIV/AIDS sector. *Implement Sci*, 6(1), 1-6.
- World Health, O. (2008, November 24 2008). The Bamako call to action on health research. Retrieved from on 19th March 2014 from <http://www.who.int/rpc/news/BAMAKOCALLTOACTIONFinalNov24.pdf>.
- Yin, R. K. (2003). Case study research design and methods third edition. *Applied Social Research Methods Series*, 5.
- Yin, R. K. (2009). How to do better case studies. *The SAGE Handbook of Applied Social Research Methods*, 254.
- Yin, R. K. (2013). *Case study research: Design and methods* Sage publications.

Appendices

Appendix A: Interview Guide

Semi-structured Interview Guide

Theme: Using evidence for policy advocacy activities

Interview Ref Number:

Instructions to interviewer:

- Talk about objective of the interview
- Define evidence informed decision-making
- Mention that:
 - Open interaction envisaged for 2 hours.
 - Confidentiality will be ensured and session will be recorded.
 - The organisational self-assessment tool will be administered after this in- depth interview session.

1. Can you please tell me your name and the last degree you did at school? When was that?
2. Tell me about your role in the organisation.
3. How do you define evidence?
4. What kinds of evidence do you use to guide the advocacy activities of your organisation? Can you give me an example?
5. Where do you get this evidence?
6. How do you determine that evidence is trustworthy to guide advocacy activities?
7. Tell me about the process of appraising and analysing this evidence for use in your organisation's advocacy activities? Who does this analysis and what expertise do they have?
8. Tell me about the processes through which this evidence is used in advocacy activities?
9. What challenges do you face using evidence to guide advocacy activities?
10. Is there anything else about evidence and advocacy that you would like to add

Thank you for your time

14/02/2014

Appendix B:

Organizational Self-assessment tool

TITLE OF INSTRUMENT: Is research working for you tool. A self-assessment tool for organizational capacity to use research.

PART ONE: ACQUIRE

1.1 ARE WE ABLE TO ACQUIRE RESEARCH?

RATING						
1 = Strongly disagree	2 = Disagree	3 = Neither	agree nor	disagree	4 = Agree	5 = Strongly agree
We have skilled staff for research.	1	2	3	4	5	
Our staff has enough time for research.	1	2	3	4	5	
Our staff has the incentive to do research (it is used in our decision-making).	1	2	3	4	5	
Our staff has the resources to do	1	2	3	4	5	
We have arrangements with external experts who search for research, monitor research, or do research on our behalf.	1	2	3	4	5	

1.2 ARE WE LOOKING FOR RESEARCH IN THE RIGHT PLACES?

RATING

1 = don't do 2 = Do poorly 3 = Do inconsistently 4 = Do with some consistency 5 = Do well

We look for research in journals (that is by subscription, Internet, or library access; examples are the Journal of Water, Sanitation and Hygiene for Devt).	1	2	3	4	5
We look for research in non-journal reports literature) by library, Internet access, or direct mailing from organizations such as ministries of health, Water, other think tanks, etc	1	2	3	4	5
We look for research in databases by Internet access, such as the Cochrane Collaboration, other online Citation indices.	1	2	3	4	5
We look for information on web sites (those that collate and/or evaluate sources) such as Best Evidence, WHO, World Bank etc.	1	2	3	4	5
We work with researchers through formal and informal Networking meetings with our staff.	1	2	3	4	5
We get involved with researchers as a host, Decision-maker partner or sponsor.	1	2	3	4	5

We **learn from peers** through informal and formal
networks to exchange ideas, experiences

PART TWO: ASSESS

2.1 CAN WE TELL IF THE RESEARCH IS VALID AND OF HIGH QUALITY?

RATING

1 = Strongly disagree 2 = Disagree 3=Neither agree nor disagree disagree 4 = Agree 5 = Strongly agree

Staff in our organization have **critical appraisal** 1 2 3 4 5

skills

and tools for evaluating the **quality** of

used in research.

Staff in our organization have the **critical** 1 2 3 4 5

skills to evaluate the **reliability** of specific research

methods and results.

Our organization has **arrangements with** 1 2 3 4 5

experts who use **critical appraisal skills and tools**

to assess methodology and evidence reliability.

to compare methods and results.

2.2 CAN WE TELL IF THE RESEARCH IS RELEVANT AND APPLICABLE?

RATING

1 = strongly disagree 2 = Disagree 3 = neither agree nor disagree 4 = Agree 5 = strongly agree

Our staff can relate our **research to our** 1 2 3 4 5

organization

and point out similarities and differences.

Our organization has **arrangements with**
external experts to identify the relevant
similarities and differences between what
 we do and what the research says.

1 2 3 4 5

PART THREE: ADAPT

3.1 CAN WE SUMMARIZE RESULTS IN A USER-FRIENDLY WAY?

RATING

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor agree disagree 4 = Agree 5 = Strongly agree

Our organization has enough skilled staff with 1 2 3 4 5
time,
incentives, and resources who use research
communication skills to present research results
Concisely and in accessible language.

Our organization has enough skilled staff with 1 2 3 4 5
time, incentive and resources who use
who use research communication skills
communication skills to synthesize in one
to synthesize in one analyses from other sources

Our organization has enough skilled staff with time, 1 2 3 4 5
Incentives, and resources who use research
communication skills to link
research results to key issues facing our decision
makers

Our organization has enough skilled staff with time, 1 2 3 4 5
communication skills to provide recommended
actions to our decision makers

Our organization has arrangements with external	1	2	3	4	5
---	---	---	---	---	---

experts who use research communication skills to present research results concisely and in accessible language.

Our organization has arrangements with external	1	2	3	4	5
---	---	---	---	---	---

synthesize in one document all relevant research, along with information and analyses from Other sources.

Our organization has arrangements with external	1	2	3	4	5
---	---	---	---	---	---

experts who use research communication skills to link research results to key issues facing our Decision makers.

Our organization has arrangements with external	1	2	3	4	5
---	---	---	---	---	---

experts who use research communication skills to provide recommended actions to our Decision makers.

PART FOUR: APPLY

4.1 DO WE LEAD BY EXAMPLE AND SHOW HOW WE VALUE RESEARCH USE?

RATING

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

Using research is a priority in our organization.

1

2

3

4

5

Our organization has committed resources to ensure

1

2

3

4

5

research is accessed, adapted, and applied in Making decisions.

Our organization ensures staff is involved in discussions on how research evidence to our main goals.

1

2

3

4

5

The management of our organization has clearly

1

2

3

4

5

communicated our strategy and priorities so that

those creating or monitoring research know what

Is needed in support of our goals.

We **communicate internally** in a way that there is information exchanged across the Entire organization.

1

2

3

4

5

Our corporate culture values and rewards	1	2	3	4	5
--	---	---	---	---	---

flexibility, change

, and continuous quality improvement with

resources to support these values.

Appendix C

List of documents Reviewed

1. Organization Annual Reports [2008-2012]
2. Organization Strategic Plan, 2012
3. Evaluation Reports (2008-2012)
4. Research Report on Parliament and WASH (2011)

APPENDIX D

Data Analysis Process

Line by Line coding (nodes)	Categories	Sub-categories
Background	Context	<i>Internal:</i> Org mission, vision, values
		<i>External:</i> Political , Economic, social
Capacity to Acquire Evidence	Organizational Capacity	
Capacity to Assess Evidence		
Capacity to Adapt Evidence		
Capacity to Apply Evidence		
The meanings of Evidence	Evidence	
Types & sources of Evidence		
Success using Evidence		

Why need for evidence	
Types and levels of Advocacy	Hierarchies of Advocacy
Partnerships and stakeholders	Partnerships and Linkages
External Support	
Challenges and Limitations	Challenges and Limitations

Curriculum Vitae

Name:	Carolyn Esther Nabalema
Post-secondary Education and Degrees:	<p>Uganda Martyrs University Nkozi, Uganda 2006-2009 M.A Development Studies</p> <p>Makerere University Kampala-Uganda 2000-2004 BA Education (Training and Community Health)</p>
Related Work Experience	<p>2012-2014 Graduate Teaching and Research Assistant The University of Western Ontario</p> <p>2010-2012 Water and Sanitation Specialist Plan International Uganda</p> <p>2007-2009 Program Coordinator, Water and Sanitation Plan International Uganda</p> <p>2003-2006 Program Officer- Water and Sanitation Katosi Women Development Trust- Uganda</p>

Publications:

Younger, Korukiiko, Chitty & Nabalema. (2009)

1. Trainers Manual and handouts : Integrating Safe Water, Sanitation and Hygiene into Home Based Care services in Uganda
2. Participants Guide: Improving Water, sanitation and Hygiene of Ugandan Home based care providers, their clients and caregivers in the Home
3. Set of WASH / HIV AIDS 24 counselling cards.

Retrieve at <http://www.hip.watsan.net/page/4022>

Nabalema, C (2007). Compost for food security and mitigation measure to environmental sanitation degradation .Paper presented at the International conference on sustainable sanitation. SIDA/ Stockholm Environment Institute and the Ordos Government of China.

Nabalema, C (2006). Effects of human activity to sustainable fisheries and Aquaculture Paper presented at the 16th Stockholm International Water Institute, World Water Week Symposium Sweden. Abstract Volume 10

Nabalema, C (2005). Tailoring Water and sanitation Solutions to reach the millennium Development Goals”. Paper presented at the 15th Stockholm International Water Institute, World Water Week symposium Sweden. Abstract volume 9